

بسم هلا الرحمن الرحيم

1- A patient with ascites and elevated Alpha Fetoprotein (AFP), next step?

-Paracentesis

2- A 39 y.o female with 15 yrs. hx. of UC with no previous colonoscopy, next step?

-Colonoscopy

3- **Fat absorption is impaired in crohn's disease** السؤال كان انه
resection for small bowel including ileum شخص عمل اكثر من مرة
فشو الي يكون عند صعوبة في امتصاصه , bcx of Crohns

-4,5 questions about hypocalcemia

4- typical symptoms (perioral numbness , trousseau sign) what is the dx => **hypocalcemia**

5- post thyroidectomy hypocalcemia symptoms, what is the diagnosis? => **Hypocalcemia**

6- Hypercalcemia management? Case of Hypercalcemia of Malignancy

-IV saline

7- An elderly patient with blood per rectum (Massive amount), next step?

-NGT after stabilisation (بعض الطالب اختار) colonoscopy)

*NGT => Bcx most common cause of LGIB is UGIB

8- UC patient with **2 highly dysplastic** masses in his completely inflamed colon, next step?

-Proctocolectomy

9- Acute presentation of thrombosed external hemorrhoids management?

-Excision

10- A picture of melanoma

11 -A picture of hidradenitis; (Apocrine dysfunction)

12,13- questions about **Air under diaphragm**, one was due to perforated viscus,, no laparotomy in the choices so **IV fluids was the answer**, the other one was after colonoscopy; in this case u don't have to go for laparotomy (**explanation from case based** Pneumoperitoneum (free air under the diaphragm) almost always requires surgical intervention, as it implies bowel perforation. In the case of pneumoperitoneum after a colonoscopy, however, intervention is not always necessary. The insufflation and manipulation of the endoscope by the provider can result in microperforation of the colon leading to benign pneumoperitoneum. In a patient that is hemodynamically stable, afebrile, and with no abdominal pain or tenderness, pneumoperitoneum after colonoscopy can be conservatively managed with bowel rest, broad-spectrum antibiotics, and serial abdominal exams.) **البعض حظ laparotomy**

14- **Esophageal CA barium swallow pic.**

15- An elderly patient with IDA, next step?

-Colonoscopy

16 -The most common cause of Pyogenic liver abscess?

-E.coli

17- Hydatid cyst causative organism?

-Echinococcus granulosus

18-(blood culture) G+ve cocci organism infection ?

-S.aureus was the only choice that fits the question

19- Knee pain and swelling after diverticulitis, X-Ray revealed effusion, next step? (**septic arthritis**)

-Arthrocentesis

20- A case of **Acute limb ischemia** in a pt. with **A.Fib**, what is the cause?

-Emboli

21- What is the next step in a patient with Acute mesenteric ischemia

-Mesenteric Angio

22- Epigastric gnawing abd. Pain during fasting, relieved by eating?

-Duodenal ulcer (Non-perforated)

23- Indirect hyperbilirubinemia post surgery?

-Gilbert; they asked also about the enzyme name

24- Gilbert case, what is the missed enzyme?

glucuronosyltransferase enzyme

25- Next step in penetrating abd. injury with evisceration?

-Lparatomy

26- A case of **subphrenic abscess**(LUQ pain , fever , tachycardia , leukocytosis, pleural effusion) **post splenectomy** dx? =

subphrenic abscess

27- A case **of thyroglossal duct cyst** (midline , movement with tongue protrusion , **recurrent aspiration**) dx = **thyroglossal duct cyst**

28- 23 y.o female patient with **breast mass**, next step?

-U/S

29- Solid **mobile** breast mass in a young female?

-**Fibroadenoma**

30- Abnormal calcifications in mammo, next step?

-Biopsy

31- bilateral **milky** breast discharge with **bitemporal hemianopia** next step ?

-MRI

32 - A patient with thyroid nodule and **calcitonin ~500 (n<11)**, Dx.?

-Medullary thyroid cancer

33- thyroid nodule with **Many follicles in thyroid FNA (Follicular CA?)**

-next step => **thyroidectomy**

34- **Hypertension** and **diuretic induced hypokalemia**, what do u expect to see in CT? **hyperaldo**

-Adrenal mass

35- Next step in a patient with elevated cortisol and suppressed ACTH?

-CT abdomen

36- A patient with **painless obstructive jaundice** and **Courvoisier sign?**

- Panc. CA

37- A patient with direct bilirubinemia , **ALP of 600**, and biliary dilation, no other abnormality, Dx.?

-CholangioCA

38- case of (RUQ pain , fever , Leukocytosis , US finding of cholecystitis)

- dx **cholecystitis**

39- Abd. pain in a 14 months girl, RUQ sausage shaped mass, and blood per rectum, Dx.?

-Intususseption

40,41 - **Meckel's diverticulum cases**

40- rectal bleeding and **technetium 99m positive** dx is **Meckel's diverticulum**

41- نفس السيناريو لكن هون طلب شو الخطوة الي بعدها -41

technetium 99m scan

42 -A patient with refractory GERD, elevated gastrin level(**Gastrinoma**,) next step ?

-Secretin stimulation test

43- A patient with **diarrhea post surgery**, he took **antibiotic prophylaxis**, how to treat him?

-Metronidazole (C.diff)

44- A patient with Esoph. Varices with previous episode, actively bleeding, next step?

-Balloon tamponade (or endoscopy)

45- A 22 y.o female pt. with wt. loss and dysphagia (also her sister had the same symptoms), Next step?

-Upper GI endoscopy

46- A case of tertiary hyperparathyroidism (ESRD pateint)

- hypertrophy of **all** parathyroid gland

47- A pt. with renal failure and elevated bleeding time , what is the cause?

-Dysfunctional plts. aggregation

48- How to differentiate bw. coagulopathy/bleeding tendency of DIC and transfusion rxn?

-Plts. count (or D dimer?)

49- **Hyponatremia** induced seizure

50-**SIADH** due to head injury (hypona , high urine osmolality)

51- A case of **Aortoenteric fistula** after AAA repair (LGIB , with pulsatile mass in endoscopy)

52- A case of **Pancreatic pseudocyst** (weeks after acute panc, abd pain , nausea , vomiting , and abd. Distention)

53,54 - 2 cases of **small bowel obstruction**, one due to **adhesions** (PSH full of abd. surgeries) the other one was in a **10 y.o girl most probably due to foreign body aspiration**

55 - **PR palpable hernia** and sym.of bowel obstruction with positive **Howship-Romberg sign**(an indication of obturator nerve irritation resulting in inner thigh pain that may extend to the knee on internal rotation of the hip)?

-**Obturator hernia**

56- **Sigmoid volvulus X-Ray**, next step? (No signs of peritonitis)
-**Sigmoidoscopy**

57- Trauma pt. **not stable**

-Laparotomy

58- Trauma pt. with intra-abdominal free fluid

-Laparotomy

59- Kidney trauma with hematuria(Stable)

-CT abdomen

60-A case of **pyelonephritis** in a female (Hematuria, Pyuria, fever, CVA tenderness)

61- **Septic shock** parameters, the patient was also feverish, they asked about the type of shock

62- A patient with liver trauma, what do expect him to(develop or need ?)

-Loosing a lot of blood I guess

-laparotomy ??

63-Colon tubulovillous 2.5 cm polyp, was completely excised from the colon with negative margins, next step?

-Observe and frequent colonoscopy

64- A patient with sudden onset left chest pain, absent breath sounds on the left, resonant to percussion on the left, Dx.?

-Pneumothorax

65-A pt. with tibial fracture he had a cast on his leg then his leg become painful(**passive movement induce pain**) , next step?

-Remove the Cast (Compartment syndrome)

66- A patient with femur fracture, with sudden onset SOB and rash, Dx?

-Fat embolism

67-Post-op patient, soaked dressing of **serousanguinous** fluid, Dx?

-Wound dehiscence

69- A case of BCC on the face, next step?

-Biopsy

70- -A picture of VV, **lipodermatosclerosis** and venous ulcer above the medial malleolus, what do u think the cause of ulcer is?

-Venous insuff.

71- A 40 y.o pt. with distal colonic obstruction confirmed by barium study,, and 2 metastatic masses on her liver (Most likely

Colon CA with liver mets.) her colon diameter was 12cm, next step?

- I chose **laparotomy** bcz of the obstruction (12 cm dilation)
some chose

chemo (I think chemo is wrong bcz of her acute presentation)

72 - A case of asymptomatic gallstones, next step?

-Observe, do not do elective surgery in asymptomatic patient

73- Refractory hyperlipidemia, with hypothyroidism features,
Next step?

-Measure TSH

74- A 55 y.o smoker male with pulsatile abd. Mass(AAA), next step?

-U/S

75- A case of **duodenal hematoma** after handlebar trauma

76- Hernia under the ing. lig.?

– Femoral hernia

77-Non-reducible Ing. hernia, Next step?

-Exploration

78- A case of diverticulitis, confirmed by CT scan with no abscess or collection, next step?

-Observe+ Antibiotics

79-A patient with 4 cm deep liver laceration and small amount of localized free fluid with no subsequent loss, he was stable, next step? -IV fluids + observe No laparotomy in the choices (There was laparoscopy not laparotomy)

80- trauma with hypovolemic shock ?

- transfuse blood and go for surgery (كان الخيار الأكثر منطقية)

81- Gunshot injury to the abdomen with peritonitis, next step?

-Laparotomy

82- patient with Heyde syndrome (aortic stenosis (AS), gastrointestinal bleeding)

- angiodysplasia

83- traumatic patient with high riding prostate and blood in the blood in urethral meatus

- Urethral laceration

84- traumatic patient with **typical cardiac tamponade signs**
(Beck's triad+ clear lungs)

—

dx = > cardiac tamponade

85-A case of simple breast cyst in a young female, aspiration revealed clear fluid, next step?

-Come back after a month

86- A14 yo male with sever sudden onset testicular pain awake him from sleep what is the Dx?

-Testicular torsion

87- bulimia with sings of esophageal rupture (crepitus) and pleural effusion

-dx esophageal rupture

88- case of making uncomplicated central line, next step ? –
nothing to do

Confirmatory chest x-ray may be omitted in the setting of an uncomplicated (first needle insertion, no resistance to catheter

advancement) ultrasound-guided CVC placement.

89- case of acute hemolytic trns. Rxn (flank pain , fever)

90- case of pediatric umbilical hernia , ask about indication for umbilical hernia repair ?

- according to case (persistent protrusion)

91-A case of cholangitis, Labs, U/S were done before, next step?

-ERCP

92-A patient has been on TPN for 10 days, he has hyperglycemia [Glu: 295], what do u think the cause of hyperglycemia is?

-TPN

93- A patient had sustained a trauma, he was hypotensive (BP 50/20) he was taken to the OR, and received fluids and blood,, the surgery was about to start, his BP was (60/30) what do u think the cause of his hypotension?

=Hypovolemic shock

=Transfusion rxn

=Anesthesia related

لا تنسونا من صالح دعائكم

