Edited past paper

‘Part 2’

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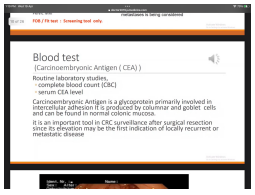
بسم الله الذي لا يضر مع اسمه شيء

Final 2021

1. 70-year-old male patient complaining of rectal bleeding and change in bowel habit, on exam he was found to have a rectal lesion that is suspicious of malignancy, One of the following is CORRECT:

Not for screening

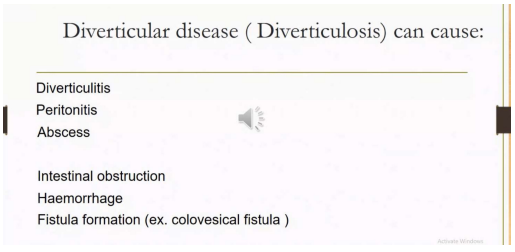
A. Carcinoembryonic antigen (CEA) level is ordered as a baseline value to monitor treatment
B. Surgery is usually the first step in the treatment for this patient (Multidys. & staging)
C. MRI of pelvic is not essential part of investigation
D. Colonoscopy can detect synchronous tumor in 20 % of patients (3-5%)
E. Bone scan is a routine staging test for this patient



Answer: A

2. All the followings are complications of diverticular disease of the colon EXCEPT:**

A. Carcinoma
B. Stricture
C. Lower gastrointestinal bleeding
D. Paracolic abscess
E. Fistulae



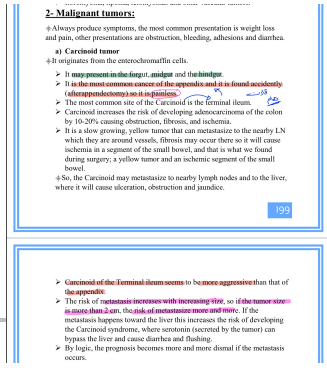
Answer: A

3. All the following are associated with increased incidence of gallbladder carcinoma EXCEPT:
A. primary sclerosing cholangitis
B. multiple small gallstones
C. choledochal cyst.
D. gallbladder polyps more than one cm
E. porcelain gall bladder

تم تعديل السؤال والاجابة من 018

Answer: B

4. One of the following is the most important prognostic factor of carcinoid tumor of the appendix:
A. Age of the patient
B. Lymphatic involvement
C. Size of the tumor
D. Location of the tumor
E. Mesoappendix involvement

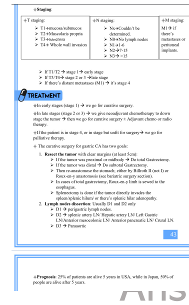


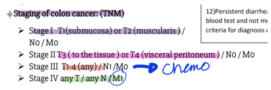
Size → تحدد → Mets → تحدد → prognosis

Answer: C

5. A 70-year-old male patient is referred to the surgical clinic with Esophagogastroduodenoscopy (EGD) that reveals a 3 cm ulcerated lesion 4 cm distal to the gastroesophageal junction, the final pathology reports a poorly differentiated adenocarcinoma, and the EUS suggests a T3N0 lesion. The most appropriate next step would be:

A. Neoadjuvant therapy
B. Total gastrectomy
C. Total gastrectomy with splenectomy and distal pancreatectomy
D. d. Radiotherapy
E. Proximal gastrectomy with negative margins (R0) only

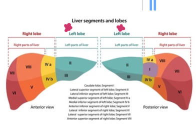


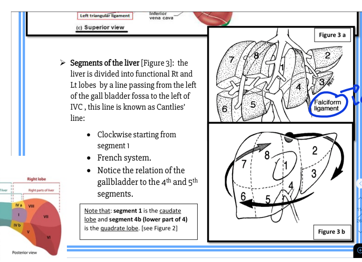

Staging of colon cancer: (TNM)
- Stage I T1(submucosa) or T2 (muscularis) / N0 / M0
- Stage II T3 (to the tissue) or T4 (visceral peritoneum) / N0 / M0
- Stage III T1-4 (any) / N1 / M0
- Stage IV any T / any N / M1

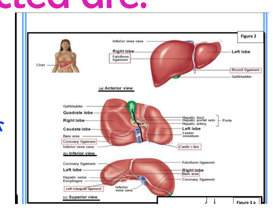
Answer: A

6. Surgeon resects a portion of the liver to the left of the attachment of the falciform ligament. The segments that have been resected are:

A. segment two and three
B. segment one and 4b
C. seg 4a and 4b
D. segment one and three
E. segment one and four



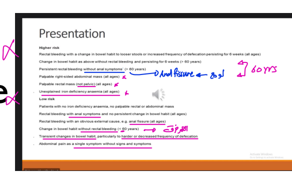




Answer: A

7. One of the following patients require urgent investigation to malignancy

A. A 58-year-old with anemia and low MCV * (unexplained anemia is high risk)
B. A 45-year-old male with constipation of 2 weeks duration (low risk symptom)
C. A 60-year-old Patient with anal pain and fresh rectal bleeding (it should be bleeding without anal symptoms to consider as high risk)
D. A 24-year-old female patient with right iliac fossa pain
E. A 65-year-old female with full thickness rectal prolapse



Answer: A

8. The most common microorganism causing liver abscess is:

A. Klebsiella
B. Staphylococcus
C. proteus
D. Pseudomonas
E. E-coli

Answer: A

9. All the followings are complications of diverticular disease of the colon EXCEPT:

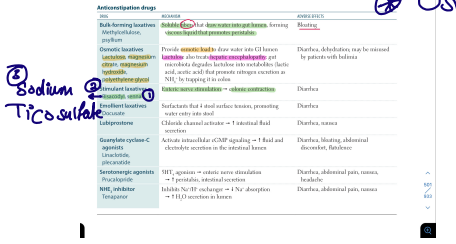
A. Carcinoma
B. Stricture
C. Lower gastrointestinal bleeding
D. Paracolic abscess
E. Fistulae

Answer: A

Bulk → Fiber
Stimulant → Sodium Tico, Senna, Bisacodyl, Castor oil
Osmotic → 2x Magnesium, Polyeth Lactulose

10. One of the following is a bulk forming laxative:

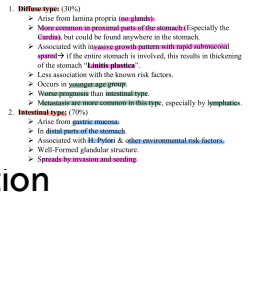
A. Fiber
B. Castor oil (stimulant)
C. Polyethylene glycol (osmotic)
D. Lactulose (osmotic)
E. Bisacodyl (stimulant)



Answer: A

11. The most important risk factor for developing gastric adenocarcinoma is: ****

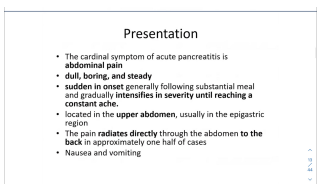
A. Smoking
B. Prior gastric surgery
C. Alcohol
D. Obesity
E. Helicobacter pylori infection

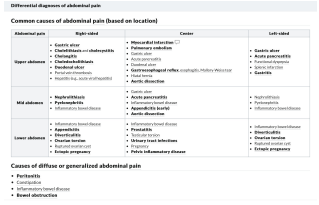


Answer: E

12. A 25 y/o female patient presented with right iliac fossa pain, which of the following is the least possible differential diagnosis? ***

A. Ovarian cyst
B. Crohn's disease
C. Ectopic pregnancy
D. Mid-menstrual cycle pain
E. Pancreatitis

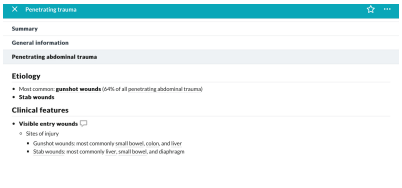




Answer: E

13. The most commonly involved organ in penetrating abdominal trauma is: **

A. Colon
B. Stomach
C. Small intestines
D. Liver
E. Spleen



The most commonly injured organs in blunt force abdominal trauma are the **spleen** (e.g., splenic rupture, laceration) and **liver** (e.g., liver hematoma, laceration).

Answer: C

14. All the following are Ranson's prognostic tests useful in the early evaluation of a patient with acute pancreatitis EXCEPT: ***

A. Serum lactic dehydrogenase (LDH) greater than 350 IU per dl
B. Leukocytosis
C. Amylase value greater than 1000 U per dl
D. Aspartate aminotransferase (AST) greater than 250 U per dl
E. Elevated blood glucose

* we Don't rely on Amylase & Lipase & ALT

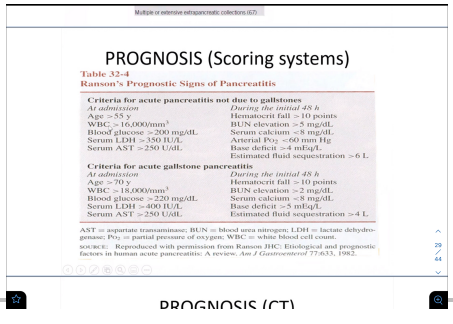
[redacted]

1. **At Presentation**

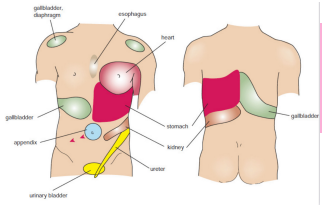
Mnemonic = "A Good LAW for Severity"

All > (Greater than)	Non Gallstone	Add + for better memorising	Gallstone
Age	55 (Think Elderly)	15	70
Glucose	200	20	220
LDH	350 (add 150 in above)	50	400
AST	250 (Add 50 in above + glucose)	0	250
WBC	16000 (think inflammation)	2000	18000

[redacted]

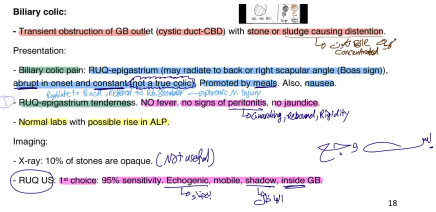


Answer: C



15. A 67 y/o female presents with sharp burning upper quadrant pain that radiated to her back, the patient has nausea, but no vomiting, she has chills, but no documented fever. On examination, she has normal vital signs with right upper quadrant tenderness, laboratory workup reveals normal liver function, normal electrolytes, serum amylase and normal white blood cell count, what is the best next step in this patient's scenario?

A. RUQ ultrasound → For Liver & Gallbladder
B. EGD
C. Plain abd XRAY
D. Cholecystokinin stimulated cholescintigraphy
E. Computed tomography of the abdomen

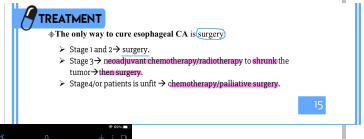


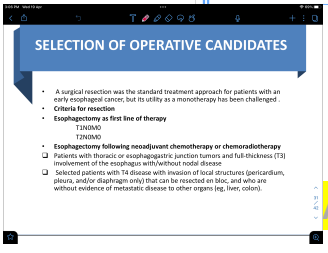
(لو عنده) ERCP ← choledolithiasis ← Jaundice & ↓

Answer: A

16. Follow up endoscopy was done for a patient with known barret's esophagitis, biopsy was taken and it showed metaplasia with high grade dysplasia, the best next step in management of this patient is:

A. Esophagectomy
B. Increase dose of PPI
C. Increase frequency of follow up endoscopy
D. Anti reflux surgical procedure (nissen fundoplication)
E. H pylori eradication therapy

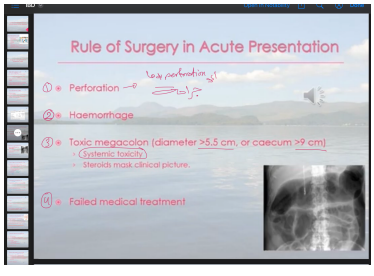


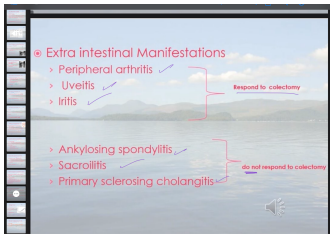


Answer: A

17. A 30 y/o male patient with acute colitis presumed to be UC, all of the following represent an indication for urgent surgical treatment, except: ***

A. Massive bleeding
B. Perforation
C. The presence of PSC
D. Sepsis related colitis
E. Toxic megacolon





Answer: C

18. Which of the following is the most common cause of mechanical small bowel obstruction: **

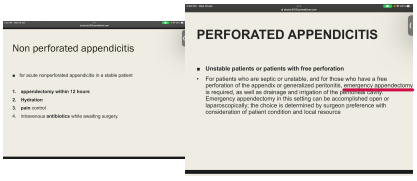
A. GBS
B. Adhesions
C. Hernias
D. Strictures
E. Tumors

Etiology of bowel obstruction [3][1][4]		
	SBO	LBO
Most common causes	• **Bowel adhesions**: fibrous intraperitoneal strands of connective (scar) tissue between organs and tissues that are not usually physiologically connected ◦ Most common cause of SBO ◦ Etiology: history of abdominal surgery, abdominal tuberculosis ◦ Abdominal x-ray shows dilation of several small bowel loops • Incarcerated hernias: second most common cause of SBO	• **Malignant tumors** (e.g., colorectal carcinoma): most common cause of LBO • Diverticulitis • Volvulus [4]

Answer: B

19. A 22 y/o male patient, presented to the ED with right iliac fossa pain for 18 hrs, has reduced appetite, and nausea, no urinary symptoms or diarrhea, on examination, his temperature was 38.5 c and his abdomen was tender, at the RIF, with guarding, the most appropriate next step action after performing the necessary investigation is to: (I'm not sure about the answer here)

A. Admit the patient at the surgical ward to start regular IV Abx to cover G-ve and anaerobes
B. Refer patient to the urology team for further treatment
C. Arrange patient for theatre as a definitive treatment for his illness
D. Discharge home and re-evaluate after 6 hrs at the outpatient clinic
E. Book him for upper endoscopic examination next morning



Answer: C

20. Which of the following bariatric procedures is known to reduce appetite and weight by affecting the hunger hormone:

A. laparascopic reux – en – y gastric bypass
B. laparoscopic sleeve gastrectomy
C. biliopancreatic diversion
D. laparoscopic adjustable gastric banding
E. intragastric balloon

Answer: B

21. For a patient with PUD one of the following manifestations increase the possibility of gastrinoma:

A. jaundice
B. constipation
C. abdominal destination
D. flatulence
E. diarrhea

Zollinger-Ellison syndrome	Gastrin-secreting tumor (gastrinoma) of duodenum or pancreas. Acid hypersecretion causes recurrent ulcers in duodenum and jejunum. Presents with abdominal pain (peptic ulcer disease, distal ulcers), diarrhea (malabsorption). Positive secretin stimulation test: ↑ gastrin levels after administration of secretin, which normally inhibits gastrin release. May be associated with MEN1.

Answer: E

22. You were assisting the senior surgeon in appendectomy for twenty years old patient, at the end of the procedure the nurse in charge gave you the specimen, you should: ***

A. Refuse the action by the nurse and ask her to keep it
B. Carefully label it and send it for histological examination
C. Send it to the surgical pathology museum
D. Give it back to the nurse to put it in the medical disposable
E. Give it to the patient to keep it

Answer: B

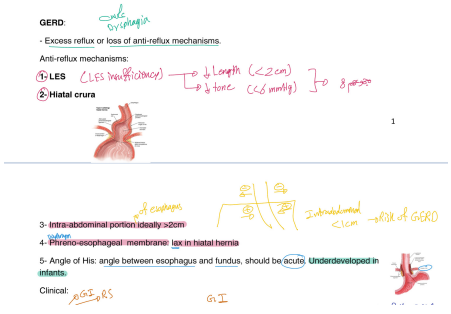
23. In the stomach, which of the following substances is released from the D cells:

A. Pepsin – chief
B. Gastrin – g cells
C. Histamine – enterchromaffin like cell
D. Ghrelin – p/d1
E. Somatostatin – d cells

Answer: E

24. Which of the following is not a physiologic barrier contributing in prevention of gastroesophageal reflux: **

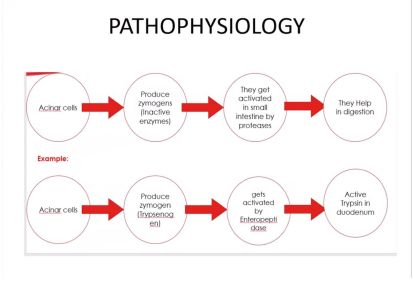
A. Diaphramtic crura
B. Angle of his
C. Intraabdominal portion of the esophagus
D. Delayed gastric emptying
E. Tonic pressure of the les



Answer: D

25. Which of the following enzymes has been implicated in the etiology of pancreatitis: ***

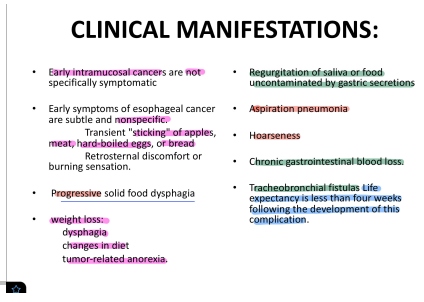
A. Gastrin
B. Pepsin
C. Trypsin
D. Lipase
E. Amylase

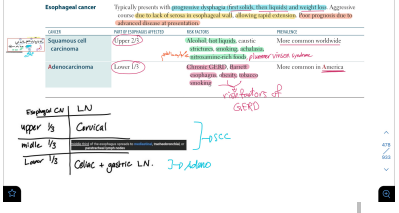


Answer: C

26. Which of the following is not a symptom of esophageal cancer:

A. Tumor related anorexia
B. Weight loss
C. Early satiety
D. Aspiration pneumonia
E. Dysphagia

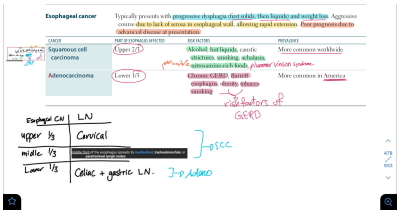




Answer: C

27. All of the following are risk factors for esophageal cancer except:

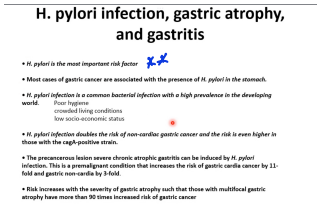
A. Alcohol consumption
B. Poor nutritional status
C. Smoking
D. Drinking hot beverages
E. High intake of fruits and vegetables

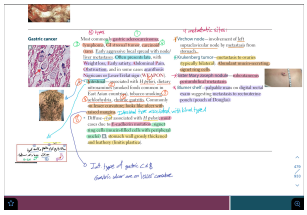


Answer: E

28. The most important risk factor for developing gastric cancer is: ***

A. Smoking
B. Prior gastric surgery
C. Alcohol
D. Obesity
E. H pylori infection

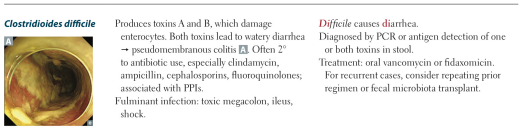




Answer: E

29. All are correct about C difficile colitis except:

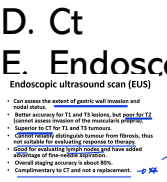
A. Most likely affect elderly patients with comorbidities
B. The use of cephalosporin based abx is a risk factor
C. Surgery is the first line of management
D. Oral but not intravascular vancomycin is of help in this case
E. Can be diagnosed by performing flexible sigmoidoscopy

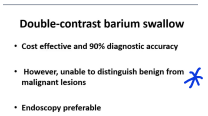


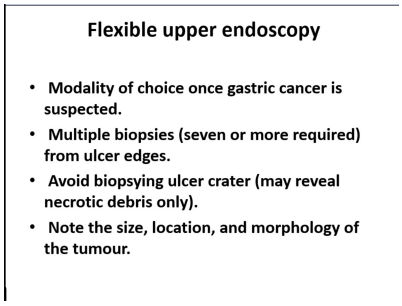
Answer: C

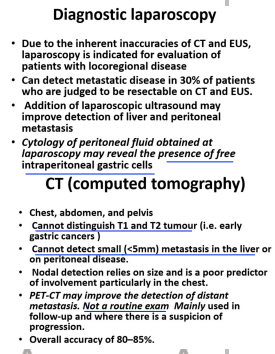
30. The modality of choice to diagnose a patient with gastric cancer is:

A. Flexible endoscopy with multiple biopsy
B. Diagnostic laparoscopy
C. Double contrast barium swallow
D. Ct
E. Endoscopic ultra sound





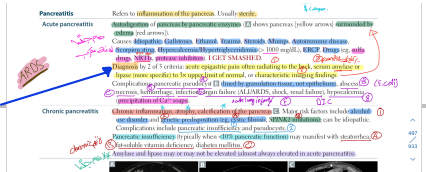




Answer: A

31. In order to diagnose acute pancreatitis, 2 out of three which of the following criteria are required? **

A. Epigastric pain, radiological evidence of pancreatitis, serum lipase at least 2 times normal
B. Epigastric pain, radiological evidence of pancreatitis, serum amylase at least 3 times normal
C. Cholelithiasis, radiological evidence of pancreatitis, serum amylase at least 3 times normal
D. Epigastric pain, cholelithiasis, serum lipase at least 2 times normal
E. Choledolithiasis, R/E of pancreatitis, serum lipase at least times normal

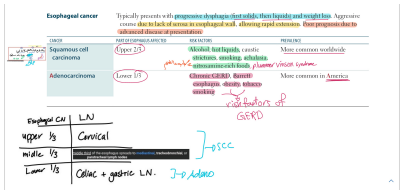


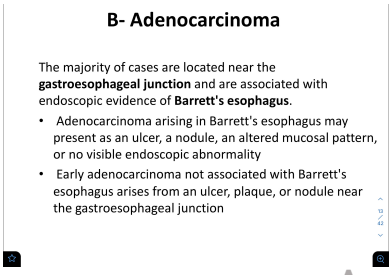
Answer: B

32. The most common risk factor for developing adenocarcinoma of the esophagus, is:

A. Alcohol
B. H pylori infection
C. Obesity
D. Barrit's metaplasia
E. Smoking

Gastric CA ←





Answer: D

33. One of the following represents a major risk of ruptured hydatid liver cyst: ***

A. rupture to bronchial tree
B. rupture to pericardium
C. rupture to stomach
D. biliary rupture
E. anaphylactic shock

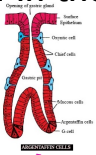
Features	Cystic echinococcosis	Alveolar echinococcosis
Incubation time	• Up to 50 years	• 5–10 years
Onset	• Usually asymptomatic	• Typically nonspecific symptoms
Hepatic	• Single hepatic cyst (**hydatid cyst**) ◦ Symptoms depend on the location and size of the cyst ◦ Cyst rupture may cause anaphylactic reaction ⚠⚠ • Hepatomegaly → **RUQ pain** • Malaise, nausea, vomiting	• Hepatic cyst ◦ Hepatomegaly → RUQ pain ◦ Malaise, weight loss, nausea, vomiting • Cyst that invades and destroys the liver and surrounding tissue ◦ Portal hypertension, ◦ Budd-Chiari syndrome ◦ Liver cirrhosis ◦ May resemble hepatocellular carcinoma
Extrahepatic	• **Lung involvement** in 25% of cases → chest pain, cough, dyspnea, hemoptysis • Involvement of other organs is rare	• Primary involvement of other organs is very rare (< 1% of cases) • Spread to other organs (especially lungs, brain, spleen) in ~ 13% of cases

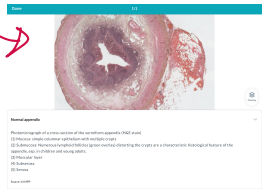
Answer: E

Final 2018

34. Which of the following statements is true regarding the appendix?

A. The appendicular artery arises from the right colic artery. → It is a terminal Branch of ileocecal Artery
B. The commonest position of the appendix is pelvic. → Retrocecal
C. The position of the base of the appendix is variable. → Base is fixed, tip is not fixed
D. The submucosa is rich in lymphoid follicles.
E. Argentaffin cells are found in the apex of the crypts



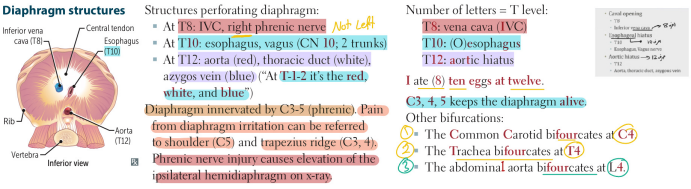


Answer: D

35. Which of the following structures does not pass through one of the three main diaphragmatic openings?

A. Aorta
B. Left vagus nerve
C. Left phrenic nerve
D. Inferior vena cava
E. Esophagus

while the right passes



Answer: C

36. A 72-year-old man, a long-standing smoker, complains of progressive dysphagia with food sticking behind his mid-sternum for 3 months. The problem started with solids, but now he has difficulty with liquids. He has lost 14 kg of weight during this time. The most likely diagnosis is:

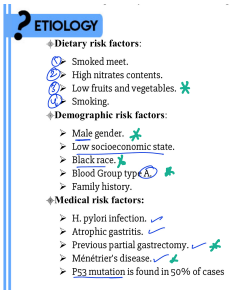
true obstruction (mechanical)

A. Achalasia of cardia (Both)
B. Carcinoma of esophagus
C. Diffuse esophageal spasm (Both)
D. Gastro-esophageal reflux disease (GERD) ✗
E. Pharyngeal diverticulum ✗

Answer: B

37. Which of the following is not a risk factor for gastric cancer? *

A. Pernicious anemia
B. Helicobacter pylori
C. Partial gastrectomy
D. Blood group O
E. Gastric polyps



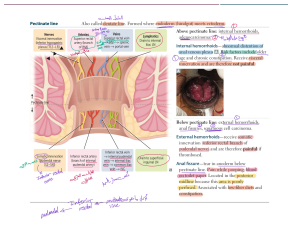
Answer: D

38. Which of the following statements is FALSE of gastrointestinal (GI) secretions?

A. Pancreatic fluid is alkaline.
B. The chloride content of gastric fluid is around 110 mmol/L.
C. Gastric fluid has a high concentration of potassium.
D. Bile has a pH of 7.2.
E. Most losses can be replaced with normal saline with or without potassium

Answer: C

39. Which of the following statements is FALSE?



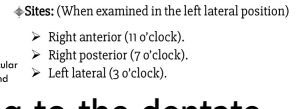
A. The adult rectum is approximately 15 cm long.
B. The superior rectal artery arises from the internal iliac artery.
C. Is mainly innervated via parasympathetic fibers from S2 and 3.
D. The superior rectal veins ultimately drain into the portal system.
E. The lymphatics drainage is to the inferior mesenteric and internal iliac groups

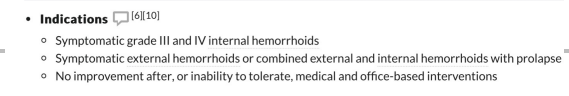
Answer: B

40. Which of the following statements about hemorrhoids is TRUE?

A. Primary hemorrhoids are typically 2 on the left and one right.
B. External hemorrhoids are a sort of erectile tissue.
C. The internal hemorrhoidal plexus extends from the anorectal ring to the dentate line.
D. Stapled hemorrhoidectomy has an extremely low recurrence rate. (High & only for internal Hemorrhoids)
E. Hemorrhoidectomy is indicated for failed medical treatment of 2nd-degree hemorrhoids.

Answer: C

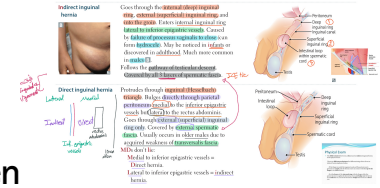




3rd & 4th

41. Which of the following statements regarding direct inguinal hernias is TRUE?

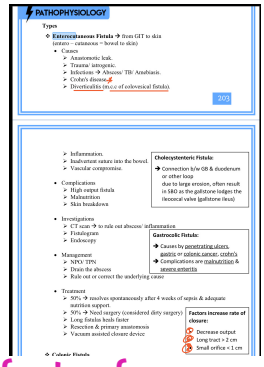
A. They protrude medially to the inferior epigastric vessels
B. They are common in women
C. They commonly reach the scrotal sac in men
D. They obstruct more commonly than indirect hernias
E. They are more common than indirect inguinal hernias in men



Answer: A

42. Which one of the followings is a good predictor for spontaneous closure of enterocutaneous fistula?

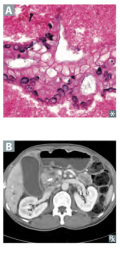
A. Previous radiation therapy
B. Presence of underlying abscess
C. Long fistula tract
D. Short fistula tract
E. Presence of foreign body in the fistula tract



Answer: C

43. What is the most commonly associated risk factor for pancreatic adenocarcinoma? *******

A. Smoking
B. Chronic pancreatitis
C. Diabetes mellitus
D. Obesity
E. Lynch syndrome



Pancreatic adenocarcinoma

Very aggressive tumor arising from pancreatic ducts (disorganized glandular structure with cellular infiltration A); often metastatic at presentation, with average survival ~ 1 year after diagnosis. Tumors more common in pancreatic head B (lead to obstructive jaundice). Associated with CA 19-9 tumor marker (also CEA, less specific).

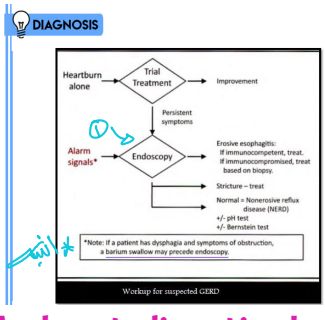
Risk factors:
1. * Tobacco smoking (strongest risk factor)
2. Chronic pancreatitis (especially > 20 years)
3. Diabetes
4. Age > 50 years

Often presents with:
A. Abdominal pain radiating to back
B. Weight loss (due to malabsorption and anorexia)
C. Migratory thrombophlebitis—redness and tenderness on palpation of extremities (Trousseau syndrome)
D. Obstructive jaundice with palpable, nontender gallbladder (Courvoisier sign)

Answer: A

44. What is the initial test for evaluation of patients with gastroesophageal reflux disease?

A. 24-pH manometry
B. Upper endoscopy
C. Esophageal manometry
D. Barium swallow
E. Gastric emptying study



Answer: B

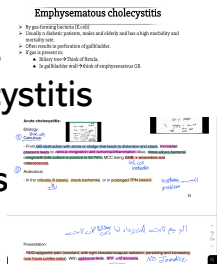
45. One of the followings is TRUE about diverticular disease:

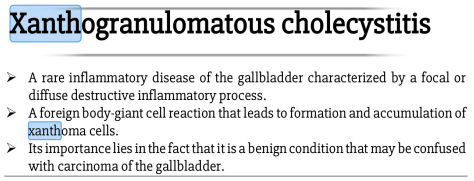
A. Most of patients will have complications during their life
B. Young age is a good prognostic sign for the disease course
C. Bleeding is the most common complication
D. Colonoscopy should be done during the acute attack to exclude concomitant colon cancer
E. It is not precancerous

Answer: E

46. Which one of the following types of cholecystitis may mimic gall bladder adenocarcinoma?

A. Emphysematous cholecystitis
B. Xanthogranulomatous cholecystitis
C. Acute calculous cholecystitis
D. Acute acalculous cholecystitis
E. Chronic cholecystitis

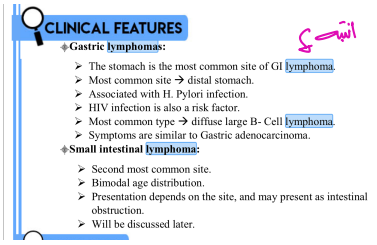


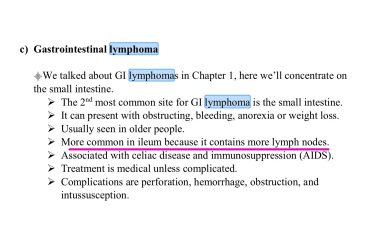


Answer: B

47. The most common location of large bowel lymphoma is:

A. Rectum
B. Sigmoid
C. Descending colon
D. Transverse colon
E. Cecum





Answer: E

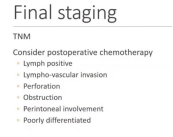
48. The least effective bariatric procedure in term of excess weight loss (EWL) is:

A. Laparoscopic sleeve gastrectomy
B. Laparoscopic adjustable gastric band
C. Laparoscopic gastric bypass
D. Laparoscopic minigastric bypass
E. Laparoscopic biliopancreatic diversion with duodenal switch

Answer: B

49. All true about colorectal cancer EXCEPT:

A. More common in young age group
B. the stage can predict the survival
C. Colonoscopy is crucial in the diagnosis
D. Staging of colorectal cancer does not include checking for bone metastasis
E. Tenesmus as a symptom can occur in benign diseases as well as rectal cancer



Answer: A

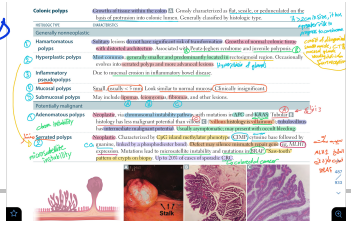
50. One is correct about familial adenomatous polyposis (FAP):

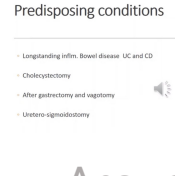
A. It is a mutation at chromosome number 8
B. Screening for colonic polyps should start at the age of 25
C. The risk of adenocarcinoma is near 75%
D. left hemi colectomy is the operation of choice in affected patients
E. Osteoma is a recognized extra intestinal manifestation

Answer: E

51. One of the following does not increase the risk of colorectal cancer:

A. Ulcerative colitis for 15 years
B. A 2 cm Villous adenoma in the rectum
C. 10 polyps in the colon two of them more than 1 cm in size
D. Hyperplastic polyp
E. 20 years of Crohn's colitis

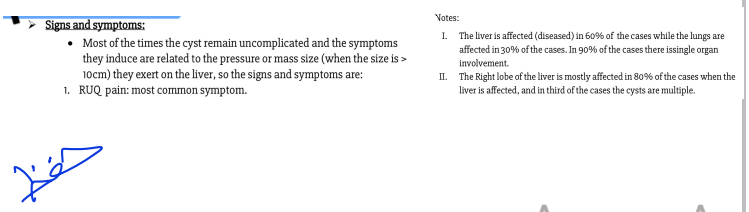




Answer: D

52. The commonest complication of a liver hydatid cyst is (among the choices): **

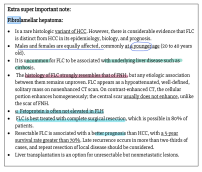
A. Biliary communication.
B. Free rupture to the peritoneal cavity.
C. Cyst infection.
D. Compression of the hepatic veins.
E. Fistulization to a hollow viscus.



Answer: A

53. Which is true regarding fibrolamellar variant of hepatocellular carcinoma?

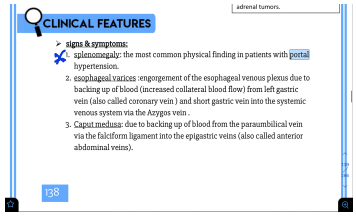
A. The tumor is small in size.
B. It is usually a degeneration of focal nodular hyperplasia.
C. The underlying liver is usually healthy.
D. Resection is more difficult than the standard hepatocellular type.
E. Alphafetoprotein is usually raised.

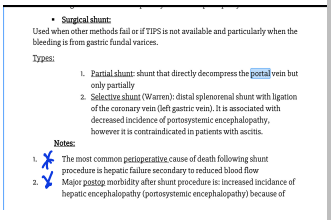


Answer: C

54. The most serious complication of portal hypertension is?

A. Bleeding hemorrhoids.
B. Infection of ascites.
C. Ruptured esophageal varices.
D. Encephalopathy.
E. Hypersplenism.

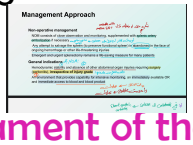




Answer: C

55. One is true in regarding trauma of the spleen:

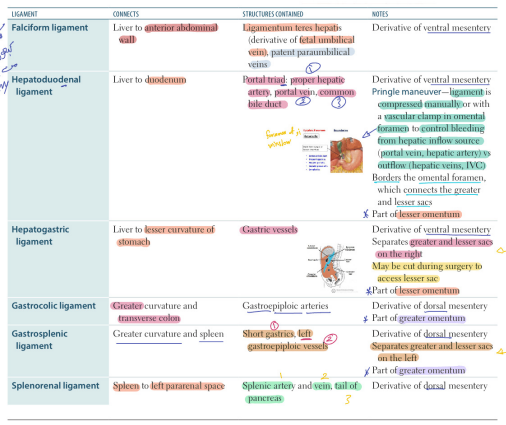
A. This organ is rarely involved in blunt trauma.
B. Splenic preservation should be the rule when there are associated significant injuries.
C. Immunization against encapsulated bacteria is indicated in splenectomy patients.
D. Overwhelming postsplenectomy sepsis (OPSS) is more than 10%. (it's about 1%)
E. Non-operative management is limited to grades 1&2.



Answer: C

56. The vascularized ligament of the spleen is:

A. Lienorenal.
B. Phrenosplenic.
C. Splenocolic.
D. Gastrosplenic.
E. Pancreaticosplenic.



LIGAMENT	CONNECTS	STRUCTURES CONTAINED	NOTES
Falciform ligament	Liver to anterior abdominal wall	Ligamentum teres hepatis (derivative of fetal umbilical vein), patent paraumbilical veins	Derivative of ventral mesentery
Hepatoduodenal ligament	Liver to duodenum	Portal triad: proper hepatic artery, portal vein, common bile duct	Derivative of ventral mesentery Pringle maneuver – ligament is compressed manually or with a vascular clamp in omental foramen to control bleeding from hepatic inflow source (portal vein, hepatic artery) vs outflow (hepatic veins, IVC) Borders the omental foramen, which connects the greater and lesser sacs Part of lesser omentum
Hepatogastric ligament	Liver to lesser curvature of stomach	Gastric vessels	Derivative of ventral mesentery Separates greater and lesser sacs on the right May be cut during surgery to access lesser sac Part of lesser omentum
Gastrocolic ligament	Greater curvature and transverse colon	Gastroepiploic arteries	Derivative of dorsal mesentery Part of greater omentum
Gastrosplenic ligament	Greater curvature and spleen	Short gastrics, left gastroepiploic vessels	Derivative of dorsal mesentery Separates greater and lesser sacs on the left Part of greater omentum
Splenorenal ligament	Spleen to left pararenal space	Splenic artery and vein, tail of pancreas	Derivative of dorsal mesentery

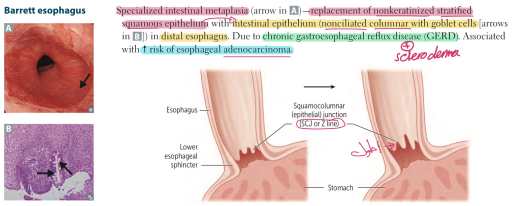
- **Peritoneal reflections (ligaments):**
  - Splenocolic ligament.
  - Splenorenal (Lieno-renal) ligament which contains the splenic veins, the tail of the pancreas and lymph nodes
  - Gastrosplenic ligament which contains short gastric arteries, the left gastroepiploeic vessels and lymph nodes
  - Splenophrenic ligament.

accessory spleen, mc
site is **the splenic hil**
cases), it could also b
gastrosplenic omentu
tail of pancreas or in
retroperitoneum.

Answer: A

57. Barrett's esophagus is characterized by which of the following epithelial lining?

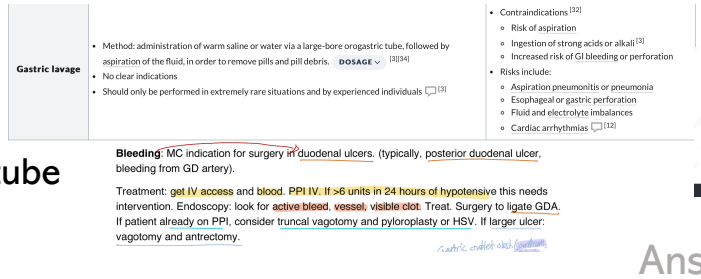
A. Gastric columnar epithelium
B. Stratified squamous epithelium non keratinized
C. Stratified squamous keratinized
D. Pseudostratified columnar epithelium
E. Intestinal columnar epithelium



Answer: E

58. In upper GI bleeding due to gastric ulcer, it is not recommended to do which of the following?

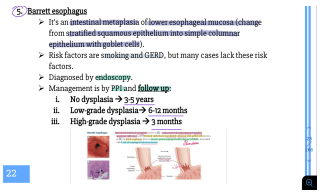
A. History and physical exam
B. IV fluids resuscitation
C. IV Proton pump inhibitor
D. Gastric lavage with Nasogastric tube
E. Serial Hb monitoring



Answer: D

59. Which is false regarding Barrett's esophagus?

A. Asymptomatic Barrett's requires annual follow up
B. Symptomatic Barrett's requires medical therapy with PPI
C. Anti-reflux surgery can reverse metaplasia in 35% and improve symptoms
D. Bleeding, ulceration, and structure can complicate the disease
E. Patients with mild dysplasia need more frequent screening



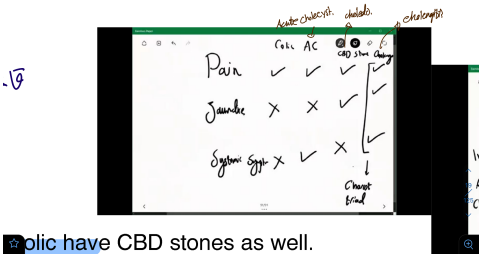
Answer: A (every 3-5 years)

60. A 38-year-old woman presents to the emergency department with a 12 hour history of severe pain over the right upper quadrant and vomiting. On examination, her pulse rate is 90/min and her temperature is 37.6o C. There is tenderness over the right hypochondrium but a soft abdomen. She says that she gets colicky pain over this region following fatty meals. Select the most likely diagnosis:

A. Acute cholecystitis
B. Acute pancreatitis
C. Acute hepatitis
D. Perforated duodenal ulcer
E. Renal colic

Systemic symptoms + RUQ pain

No Jaundice

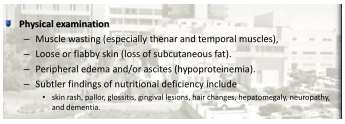


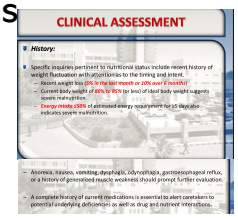
olic have CBD stones as well.

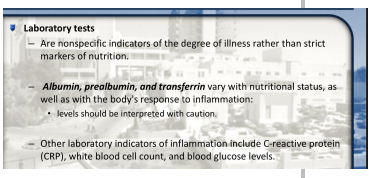
Answer: A

61. A major problem in nutritional support is identifying patients at risk. All of the following can identify the patient at risk, EXCEPT: (general)

A. Weight loss of greater than 15% over 2 to 4 months
B. Serum albumin.
C. Malnutrition as identified by Physical examination.
D. Serum transferrin.
E. Hemoglobin Level.





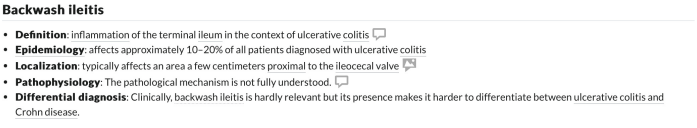


Answer: E

Final 2017

62. Which finding suggests the diagnosis of chronic ulcerative colitis as opposed to Crohn's colitis?

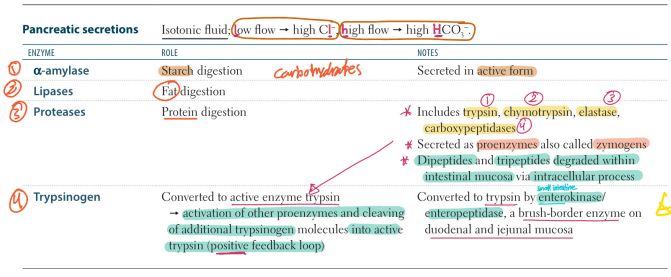
A. Endoscopic evidence of backwash ileitis.
B. Granulomas on biopsy.
C. Anal fistula.
D. Rectal sparing.
E. Cobblestone appearance on barium enema



Answer: A

63. Activation of trypsinogen as an initial step in acute pancreatitis is conducted by:

A. Lipase
B. Amylase
C. Enteropeptidase
D. Phospholipase
E. Elastase



Answer: C

64. Pseudo-obstruction syndrome (ogilvie's), all true except:

A. Increased sympathetic tone and decreased parasympathetic tone.
B. More on the left side
C. Risk of perforation is 15%

Acute colonic pseudo-obstruction/Ogilvie syndrome

❖ This condition usually occurs in the setting of a wide range of medical or surgical illnesses.
❖ If untreated, colonic ischemia or perforation can occur.
❖ The right colon and cecum are most commonly involved.
❖ The risk of perforation ranges from 3-15%

Acute colonic pseudo-obstruction/Ogilvie syndrome

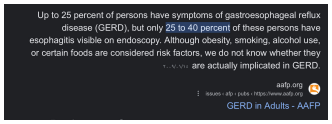
❖ Ogilvie syndrome, is thought to result from an autonomi imbalance, which results from decreased parasympathetic tone or excessive sympathetic output.

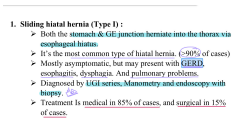
❖ is characterized by a loss of peristalsis and results in the accumulation of gas and fluid in the colon.

Answer: B

65. Wrong about GERD:

A. 90% will have esophagitis on endoscopy due to reflux (60% will show normal mucosa on endoscopy).
B. Not all types of reflux are diagnosed by PH monitoring
C. Barium swallow > hiatal hernia

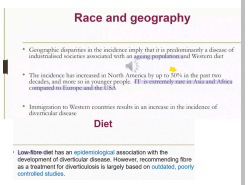


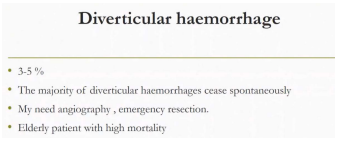


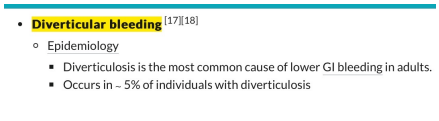
Answer: A

66. All of the following statements about diverticular disease are true, EXCEPT: **

A. It is more common in the West than in Asia and Africa.
B. A low-fiber diet may predispose to development of diverticulosis.
C. It involves sigmoid colon in more than 90% of patients.
D. Sixty per cent develop diverticulitis sometime during their lifetime.
E. It is the most common cause of massive lower gastrointestinal hemorrhage.



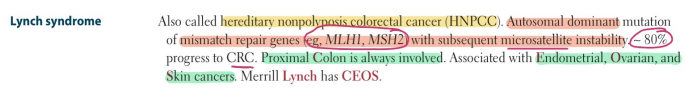




Answer: D

67. Genetic defect associated with HNPCC:

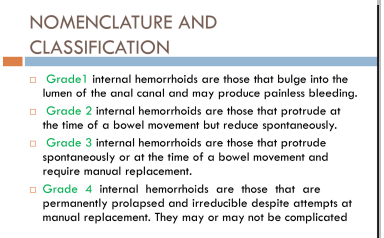
A. APC (FAP)
B. MLH1/MSH2
C. P53 (Li Fraumeni sx)

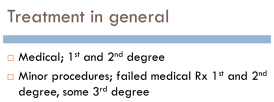


Answer: B

68. Wrong about hemorrhoids:

A. 2 right hemorrhoid quadrants and 1 left
B. Mainly in young adult
C. Grade III > surgery
D. Grade II refractory to medical treatment >> banding

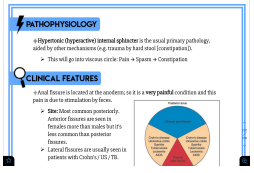




Answer: B

69. Wrong about anal fissures:

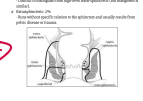
A. Anterior fissures are more common than posterior fissures
B. Sentinel pile >> chronic fissure
C. Usually hyperactive internal sphincter
D. Acutely managed by bulking agents, sitz baths and good hygiene.

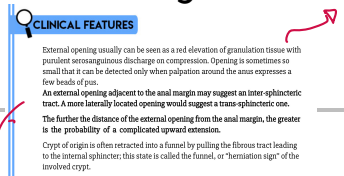


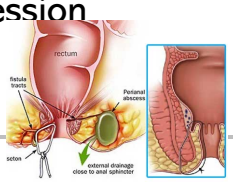
Answer: A

70. Wrong about fistula:

A. Intersphincteric > most common
B. Seton is associated with negligible incontinence
C. External opening usually can be seen as a red elevation of granulation tissue with purulent serosanguinous discharge on compression

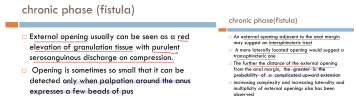






Seton: thick suture placed through fistula tract to allow slow transection of sphincter muscle; scar tissue formed will hold the sphincter muscle in place and allow for continence after transection.

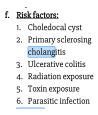
D. An external opening adjacent to the anal margin may suggest an intersphincteric tract
E. More common in males than females



Answer: B

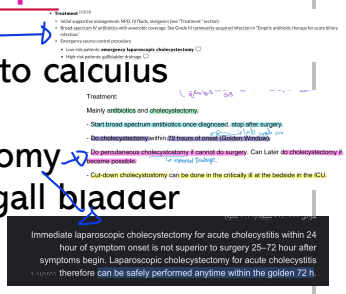
71. Factor that increases the risk of cholangiocarcinoma the most is:

PSC (primary sclerosing cholangitis)



72. All of the following statements are true about cholecystitis, except: **

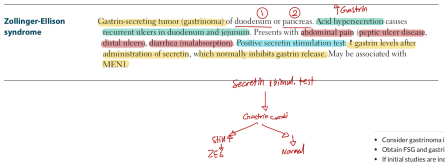
A. Emphysematous cholecystitis should be treated conservatively
B. Acalculuscholecystitis is associated with poor outcome comparing to calculus cholecystitis
C. Golden period cholecystectomy is superior to interval cholecystectomy
D. Xanthogranulomatouscholecystitis is difficult to differentiate from gall bladder carcinoma
E. Cholecystostomy is an option for treatment in some cases

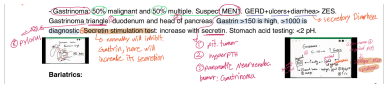


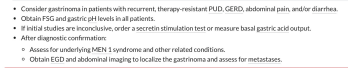
Answer: A

73. Best test for diagnosis of gastrinoma is:

A. 24 hour urine gastrin
B. Acidity of the stomach
C. fasting gastrin *



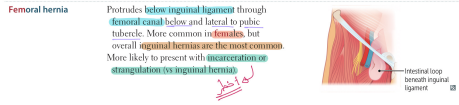




Answer: C

74. All of the following is correct about Femoral hernia EXCEPT:

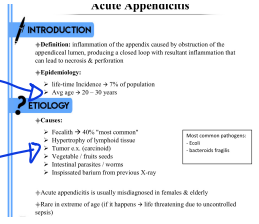
A. More common in women
B. The risk of strangulation is more as compared with inguinal hernia
C. It present as a swelling below and medial to Pubic tubercle
D. The sac may contain omentum
E. Can be a cause of small bowel obstruction

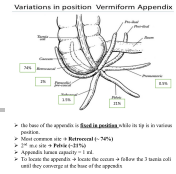


Answer: C

75. Regarding appendicitis, all of the following statements are true EXCEPT:

A. The risk of developing the illness is greatest in childhood
B. Mortality increases with age and is greatest in the elderly
C. 20% of appendices are extraperitoneal in a retrocecal position
D. Fecaliths are present in the majority of resected specimens
E. CT has a diagnostic accuracy > 90%

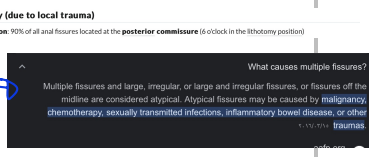




Answer: A

76. Regarding anal fissures, all of the following statements are true EXCEPT:

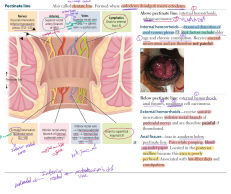
A. 10% occur in the posterior midline (most common in posterior) ⇒
B. Multiple fissures suggest a diagnosis of Crohn's Disease ✓
C. Fifty percent of acute fissures heal with the use of a bulking agent
D. Sphincterotomy has a success rate of over 90%
E. Sphincterotomy is associated with minor incontinence in 15% of patients

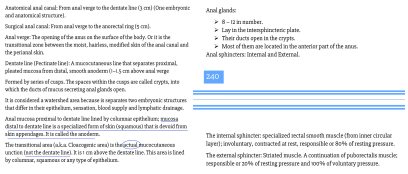


Answer: A

77. Regarding the anatomy of the anorectum all the following statements are correct EXCEPT:

A. The anorectal angle is usually obtuse in females (more fat)
B. The anal glands are mostly located in the intersphincteric space
C. The anoderm is devoid of sweat glands (Skin appendages)
D. The dentate line is the true embryologic squamocolumnar junction
E. The internal sphincter is involuntary
External = = voluntary





Answer: D

78. A 45 year old male patient arrived to the Accident and Emergency department at Jordan University Hospital complaining of upper abdominal pain that radiate straight to the back with vomiting. He had unremarkable past medical illness; his vital signs were stable, examination of the abdomen showed only tenderness at the epigastrium. The most likely cause of his illness is:

A. Perforated peptic ulcer disease
B. Acute pyelonephritis
C. Acute diverticulitis
D. Early acute pancreatitis Trauma (I GET SMASHED)
E. Viral hepatitis

Answer: D

79. A 35 year old male patient, admitted with abdominal pain, distension and excessive vomiting. He had previous history of appendectomy at the age of 18. The most likely cause for this illness is:

A. Internal hernia
B. Right colon cancer
C. Volvulus
D. Adhesions
E. Acute mesenteric ischaemia

Intestinal obstruction symptoms

Answer: D

80. All of the following parameters influence the risk of metastatic spread after resection of colorectal cancer, except

A. Degree of differentiation
B. Lymphovascularinvasion
C. Positive circumferential margin
D. Lymph node positivity
E. T stage

Answer: E

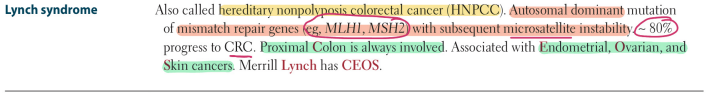
81. With regard to Crohn's disease, all of the following statements are true, EXCEPT:

A. Bloody diarrhea is a frequent symptom
B. The absence of granulomas does not exclude the diagnosis
C. Intestinal obstruction is the commonest indication for surgery
D. Malignancy occurs less frequently in comparison with ulcerative colitis
E. Crypt abscess is not characteristic for crohn's disease

Answer: A

82. A 40-year-old male with cecal mass diagnosed by colonoscopy, his father, paternal grandmother, and paternal uncle all developed colon cancer by their fifth decade. Mutation of which of the following genes is associated with this disease?

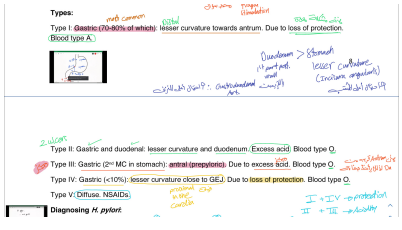
A. APC
B. BRCA1
C. BRCA2
D. hMSH2
E. K-Ras



Answer: D

83. The pathogenesis of benign type I gastric ulcers is predominantly which one of the following? **

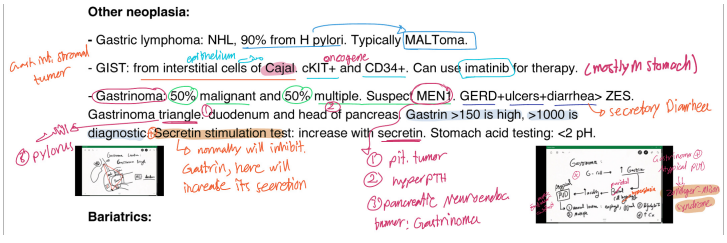
A. Hypersecretion of acid as a result of increased parietal cell mass
B. Hypergastrinemia as a result of gastric stasis
C. Antral stasis
D. Defective gastric mucosal barrier
E. Hyperpepsinobenemia



Answer: D

84. The cell of origin of gastrointestinal stromal tumors (GIST) is: *****

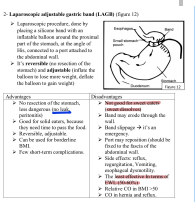
A. Goblet cell
B. Submucosal fibroblast
C. Interstitial cell of cajal
D. Smooth muscle cell
E. Kulchitsky cell



Answer: C

85. All of the following statements regarding laparoscopic adjustable gastric band (LAGB) are true; except:

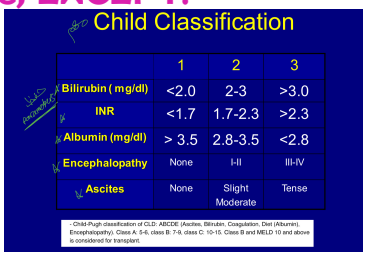
A. LAGB is not a good option for sweet eaters
B. Long term excess weight loss after band surgery is comparable to sleeve gastrectomy
C. Reoperation rate in band surgery is more than other bariatric procedures
D. Dumping syndrome is not a significant concern after LAGB
E. Leak rate after LAGB is less than other procedures



Answer: B

86. All of the followings are variables of Child-Pugh classification for the assessment of patients with chronic liver disease, EXCEPT: ***

A. Encephalopathy
B. Partial thromboplastin time (INR)
C. Total bilirubin
D. Serum albumin
E. Ascites



Answer: B

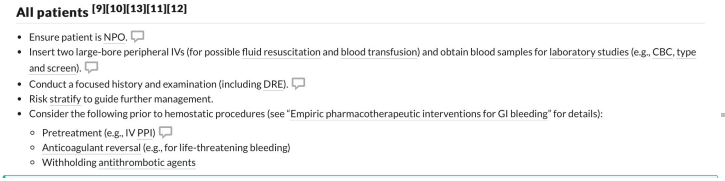
87. Concerning perforated peptic ulcer (PPU), all of the following statements are true EXCEPT:

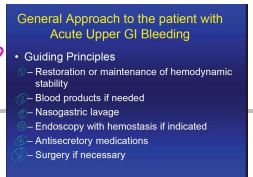
A. Perforation represents the most frequent indication for emergency surgery in patients with peptic ulcer disease.
B. In patients with perforated peptic ulcer, peritonitis resulting from acid exposure may present as abdominal "board-like rigidity".
C. Only one third of patients with PPU have a previous history of or current known ulcer at time of diagnosis of perforation.
D. Compared to open surgery, laparoscopic repair of PPU is associated with lower rates in mortality and in clinically relevant postoperative complications.
E. In patients with PPU, sepsis is frequently present on arrival to the operating theatre and is the leading cause of death

Answer: D

88. Concerning management of upper gastrointestinal bleeding (UGIB), all of the following statements are true EXCEPT:

A. There is a need to insert bilateral, 16-guage (minimum), upper extremity peripheral intravenous lines.
B. Once the maneuvers to resuscitate are underway, a nasogastric tube should be inserted, and then aspiration and lavage performed.
C. If the nasogastric aspirate reveals clear gastric fluid and contains no bile, the gastrointestinal bleeding is emanating from below the ligament of Treitz.
D. Upper gastrointestinal endoscopy should be performed initially after endotracheal intubation (if indicated), hemodynamic stabilization, and adequate monitoring.
E. The indication for patients in patients with bleeding peptic ulcer includes failure of medical therapy and endoscopic hemostasis with persistent recurrent bleeding.





Answer: C

89. Concerning lower gastrointestinal bleeding (LGIB), all of the following statements are true EXCEPT:

A. If the bleeding is brisk and massive, upper GI bleeding and right sided colonic bleeding may present with bright red blood per rectum.

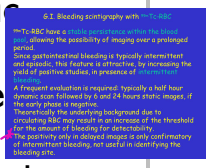
B. Resuscitation and initial assessment should be followed by localization of the bleeding site.

C. Radionuclide scanning is associated with a very low false localization rate for the bleeding site.

D. In addition to its success in identifying the site of severe LGIB (in ≥70% of patients), colonoscopy

A. offers the opportunity for therapeutic intervention.

E. Selective mesenteric angiography can detect bleeding at a rate of more than 0.5 mL/min.



Answer: C

90. A 34-year-old man presents with fresh painless rectal bleeding, he is constipated, his weight is steady, and his appetite is normal, he has no family history of large bowel cancer. The most likely diagnosis is?

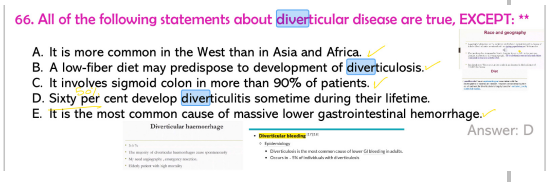
A. Anal fissure.

B. Haemorrhoids.

C. Diverticulosis.

D. Thrombosed piles.

E. Colon cancer



Answer: B

91. Which of the following structures is NOT retroperitoneal?

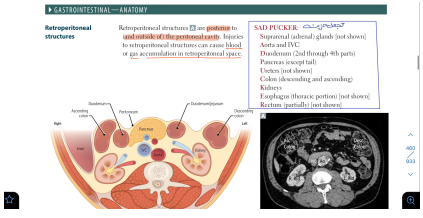
A. Ascending colon.

B. Seminal vesicles.

C. Descending colon.

D. Duodenum (D2).

E. Ovaries.



Answer: E

92. The clinical picture of gallstone ileus includes all of the following EXCEPT:

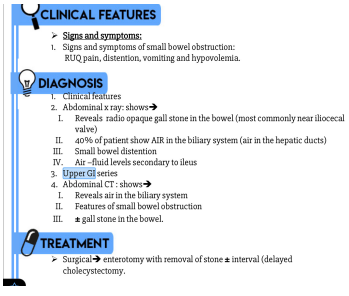
A. Air in the biliary tree.

B. Small bowel obstruction.

C. A stone at the terminal ileum.

D. Acholic stools.

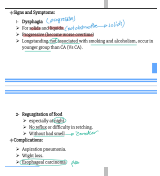
E. Bouts of cholangitis.



Answer: D

93. Which of the following statements about achalasia is CORRECT?

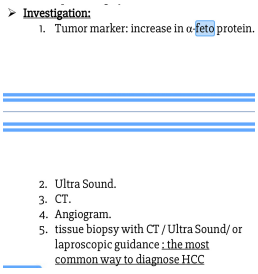
A. In most cases the cause is a parasitic infestation by Trypanosoma cruzi.
B. Chest pain and regurgitation are the usual symptoms.
C. Distal-third esophageal adenocarcinomas may occur in as many as 20% of patients within 10 years of diagnosis.
D. Manometry demonstrates failure of LES relaxation on swallowing and absent or weak simultaneouscontractions in the esophageal body after swallowing.
E. Endoscopic botulinum toxin injection of the LES, pneumatic dilatation, and esophagomyotomy provide highly effective curative therapy for achalasia.



Answer: D

94. The most useful circulating marker for patients with hepatocellular carcinoma is: **

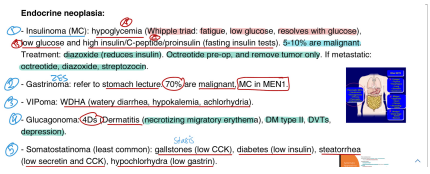
A. CA 15.3
B. Levels of vitamin B 12
C. CEA
D. Alpha fetoprotein
E. hCG

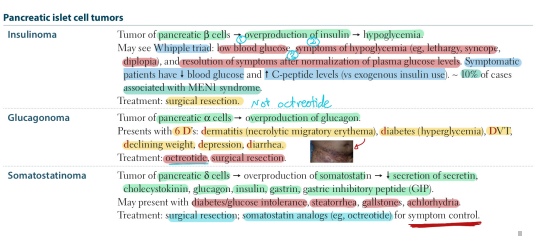


Answer: D

95. The most common neuroendocrine tumor of the pancreas is:

A. Insulinoma
B. Glucagonoma
C. Gastrinoma
D. VIPoma
E. Somatostatinoma

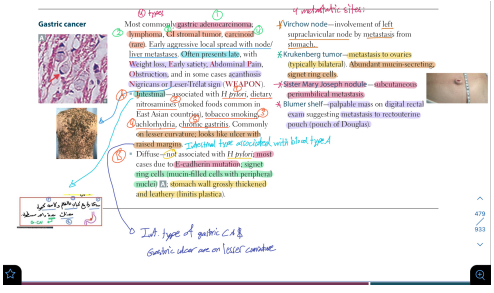


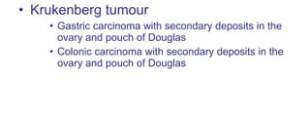


Answer: A

96. Krukenberg tumour results from which of the following methods of metastasis?

A. Direct spread
B. Transcoelomic spread
C. Lymphaticspread
D. Hematogenous spread
E. Neurogenic spread





Answer: B

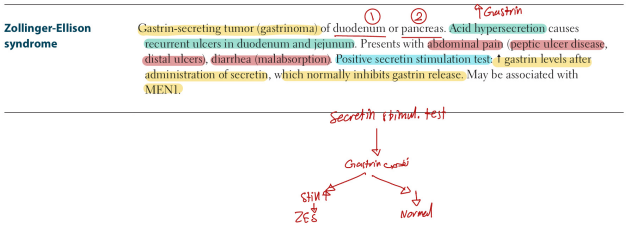
97. Absorption of the majority of nutrients takes place in which part of the gastrointestinal tract? (general?)

A. Stomach
B. Duodenum
C. Jejunum
D. Ileum
E. Colon

Answer: C

98. Not a manifestation of Zollinger-Ellison syndrome:

A. Migratory rash
B. Diarrhea
C. Multiple peptic ulcerations
D. Vomiting



Answer: A

99. The enzyme that's auto activated to its active form is: **

A. Enterokinase
B. CCK
C. Chemotrypsin
D. Gastrin
E. Trypsin

Answer: E

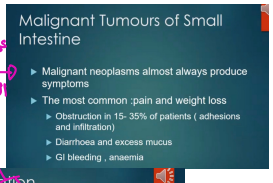
100. Wrong about Crohn's disease:

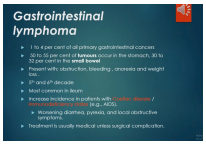
A. Bloody diarrhea is a common presentation
B. Most common indication of surgery is obstruction
C. The absence of granuloma doesn't exclude dx
D. Crypt abscesses is not pathognomonic

Answer: A

101. Regarding Small intestinal tumors, all are true except:

A. Younger age group
B. Malignant tumors have symptoms of pain and weight loss
C. Benign lesion usually found incidentally
D. Celiac disease predisposes for small intestinal lymphoma
E. Ultrasound not useful in small intestinal tumors

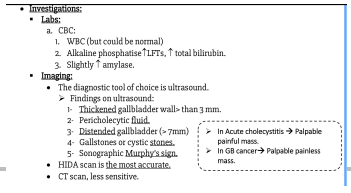




Answer: A

102. Wrong about cholecystitis:

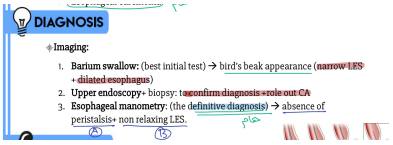
A. U/S is the practical diagnostic test
B. U/S can't differentiate between calculus and acalculus
C. Ischemia is the cause of calcalus cholecystitis (stones)
D. We use antibiotics in all patients
E. Emphysematous cholecystitis needs emerent intervention

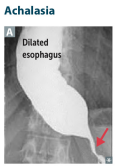


Answer: C

103. The best diagnostic test of achalasia is:

A. EGD and biopsy
B. Barium swallow
C. Manometry
D. 24-h pH monitoring





Failure of LES to relax due to degeneration of inhibitory neurons (containing NO and VIP) in the myenteric (Auerbach) plexus of esophageal wall.
1° achalasia is idiopathic 2° achalasia may arise from Chagas disease (*T cruzi* infection) or extraesophageal malignancies (mass effect or paraneoplastic). Chagas disease can cause achalasia.
Presents with progressive dysphagia to solids and liquids (vs obstruction—primarily solids).
Associated with ↑ risk of esophageal cancer.

Manometry findings include uncoordinated or absent peristalsis with ↑ LES resting pressure.
Barium swallow shows dilated esophagus with area of distal stenosis ("bird's beak").
Treatment: surgery, endoscopic procedures (eg, botulinum toxin injection).

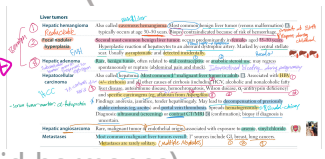
Answer: C

104. A patient has difficulty in swallowing solid food, what is the diagnostic test?

A. Barium swallow - first step
B. Manometry
C. 24-h ph monitoring
D. Egd with biopsy

Answer: A (also not sure)

105. All true about hepatocellular adenoma except:

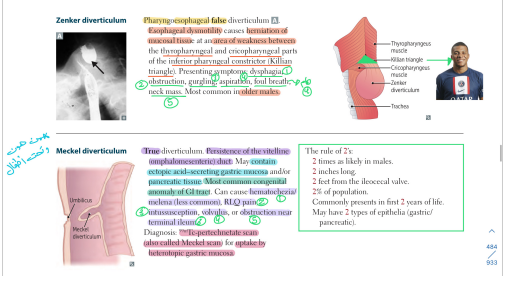


A. More associated with complications than hemangiomas
B. Associated with the use of OCP
C. The mass may regress with pregnancy (wrong, increases with steroid hormones)
D. holds the risk of malignant transformation
E. size of adenoma is an important player in risk assessment

Answer: C

106. All are true diverticula except:

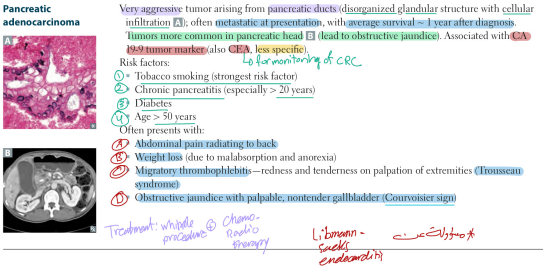
A. Esophageal traction diverticulum
B. Secondary duodenal diverticulum
C. Solitary caecal diverticulum
D. Meckel's divericulum
E. Zenker's diverticulum



Answer: E

107. The highest environmental risk factor for pancreatic cancer is:

A. Alcohol
B. Smoking
C. Radon exposure
D. Organophosphorus exposure
E. High fat diet



Answer: B

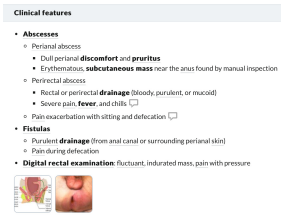
108. Not an indicative symptom of pancreatic head cancer:

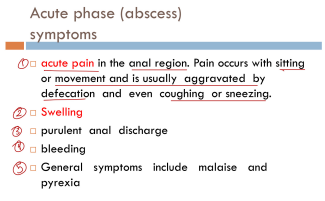
A. Weight loss
B. Clay-colored stool
C. Dark urine
D. Abdominal pain
E. Diabetes insipidus

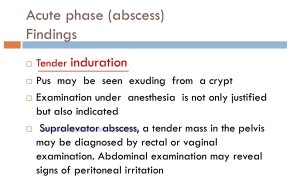
Answer: E

109. A young man presented with a lump in the anal region for 2 weeks, continuous throbbing pain, not related to defecation, fever and chills, most likely dx is:

A. Perianal abscess : fever, pain, not related to defecation
B. Fistula in ano
C. Haemorrhoids
D. Tumor
E. Diverticulum



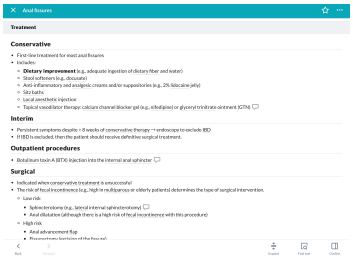




Answer: A

110. A patient with acute perianal fissure, all are accepted lines of treatment except:

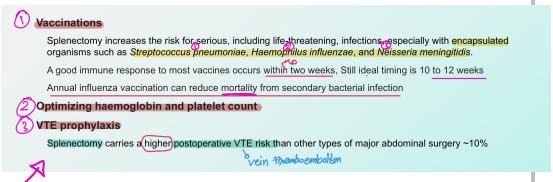
A. Lidocaine
B. Topical calcium channel blocker
C. Lateral internal sphincterotomy
D. Glyceryl nitrate
E. Stool softener



Answer: C

111. All are true about spleen except:

A. It spans intercostals 9-10-11
B. Palpation started in the right iliac fossa
C. CML is an established cause of splenomegaly
D. Most important risk post splenectomy is hemorrhage



Answer: D

112. What is the metabolic change associated with excessive vomitting? ****

A. Hypochloremic hypokalemic metabolic alkalosis
B. Hyperchloremic hyperkalemic metabolic alkalosis
C. Hyperchloremic hyperkalemic metabolic acidosis
D. Hypochloremic hypokalemic metabolic acidosis

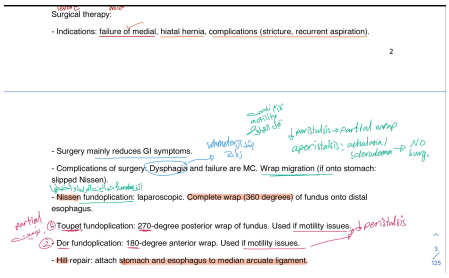
Cl تقل
K+
H+

Answer: A

Final 2014

113. One of the following can't be candidate for fundoplication

A. Young patient
B. Patient with paraesophageal hernia
C. Patient with esophageal dysmotility
D. Patient with les pressure 8mmhg
E. Patient with lateral sliding hernia



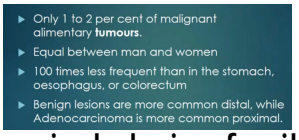
Surgical:

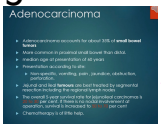
- Indications for surgery:
  1. Failure of medical treatment.
  2. Respiratory problems.
  3. Severe esophageal injury

Answer: C

114. Regarding small intestinal tumors what's wrong :

A. Celiac disease is associated with SI lymphoma
B. Crohn's is associated with SI adenocarcinoma
C. Adenocarcinomas are more common to happen distally
D. Segmental resection with regional LN removal is best surgical choice for ileal and jejunal adenocarcinoma
E. GIST size correlates with the risk of malignancy

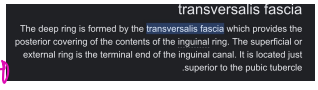


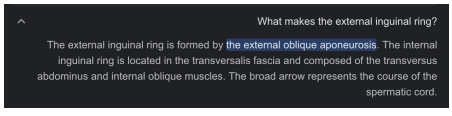


Answer: C

115. All of the following are formed by external oblique and its aponeurosis except:

A. Inguinal (poupart's) ligament
B. External spermatic fascia
C. Conjoint tendon
D. Superficial ring
E. Deep ring

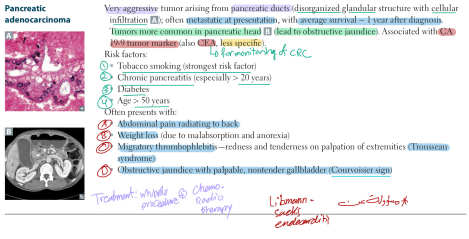




Answer: C&E

116. Tumor marker of pancreatic CA :

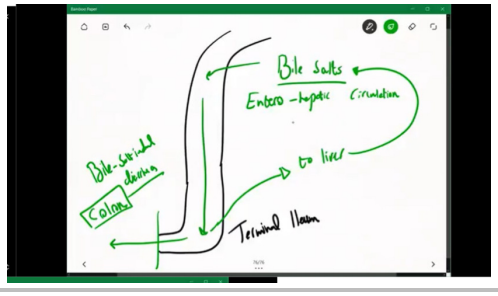
A. CA 19-9
B. CA 15-3
C. Aipha-FP
D. hCG
E. CEA



Answer: A

117. Bile salts are maximally absorbed in: **

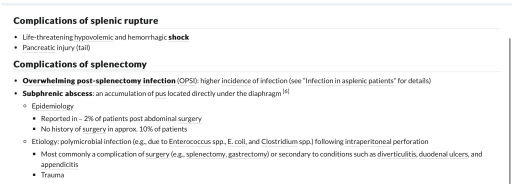
A. Duodenum
B. Jejunum
C. Ileum
D. Right colon
E. Left colon

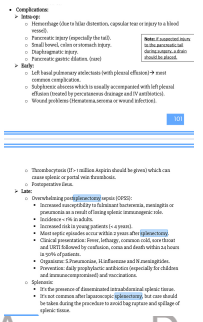


Answer: C

118. Patient involved in a road traffic accident, he was showing signs of hemodynamic instability, FAST assessment revealed hypoechoic rim around the spleen, the patient was taken to the operating room and he underwent a splenectomy, all are possible complications post splenectomy except:

A. Postoperative bleeding
B. Gastric perforation
C. Pancreatic fistula
D. Jaundice
E. Pulmonary infection : Hypercoaguable state

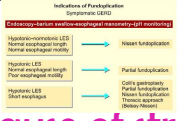


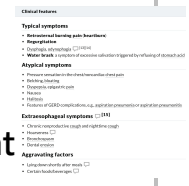


Answer: D

119. Regarding GERD, all of the following are true except:

A. Triad of heartburn, regurgitation and dysphagia are the usual presentation
B. Improvement on PPI is one of the diagnostic criteria
C. Ambulatory pH monitoring is used to assess GERD in patients with persistent symptoms
D. Esophageal manometry is used to evaluate esophageal peristalsis before anti- reflux surgery
E. Lap. nissen fundoplication is indicated for patients with normal length esophagus

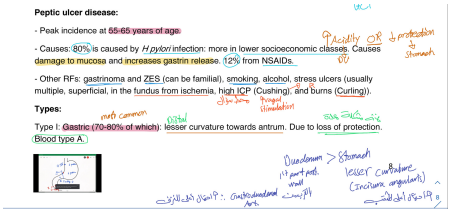


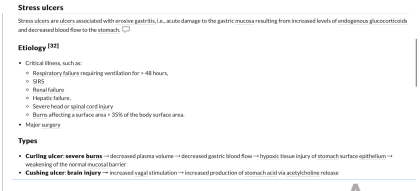


Answer: A

120. Which of the following isn't considered a cause of stress ulcer:

A. Steroid
B. Burn
C. Head injury
D. IV antibiotics

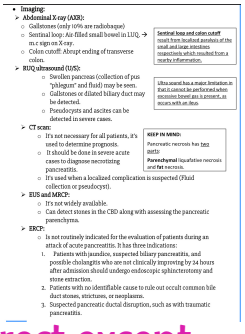




Answer: D

121. All of the following can be considered as investigations for suspected pancreatitis except:

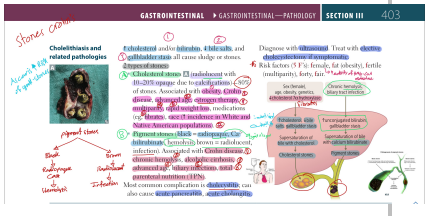
A. abdominal U/S
B. abdominal lavage
C. abdominal CT
D. neck U/S

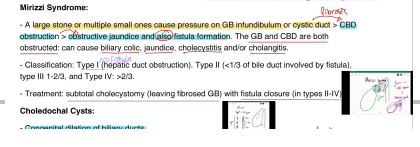


Answer: D

122. Regarding gallstones, all are correct except:

A. Black stones occur due to cirrhosis
B. Brown stones found in bile duct
C. Primary gallstones occur in one year postcholecystectomy *
D. Small stones are associated with increased risk of acute pancreatitis
E. Large stones are associated with increased risk mirzzi syndrome





Answer: C

123. All of the following are risk factors for C. difficile, except :

A. PPI
B. Cigar smoking
C. steroids ↓ Immunity
D. Comorbidities
E. Broad-spectrum antibiotics

Produces toxins A and B, which damage enterocytes. Both toxins lead to watery diarrhea → pseudomembranous colitis A. Often 2° to antibiotic use, especially clindamycin, ampicillin, cephalosporins, fluoroquinolones; associated with PPIs.
Fulminant infection: toxic megacolon, ileus, shock.

Difficile causes diarrhea.
Diagnosed by PCR or antigen detection of one or both toxins in stool.
Treatment: oral vancomycin or fidaxomicin. For recurrent cases, consider repeating prior regimen or fecal microbiota transplant.

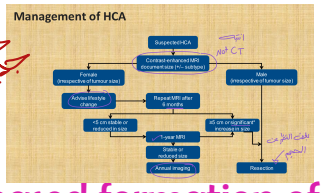
Answer: B

124. 32 y/o Female patient was evaluated was found to have hepatic adenoma > 7cm, she is on OCPs , what to do:

A. Stop OCPs and reevaluate in six months
B. Observe and follow up in the next month
C. Excision of adenoma
D. Start her on chemotherapy

TREATMENT After life style changes for 6 months

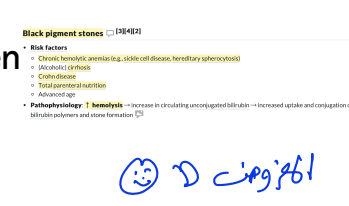
- If small → stop pills → it may regress
  - → If didn't regress → surgical resection is necessary.
- If large (>5 cm)/ bleeding/ painful/ rupture → surgical resection.
  - Note: average age: 30-35 years of age.

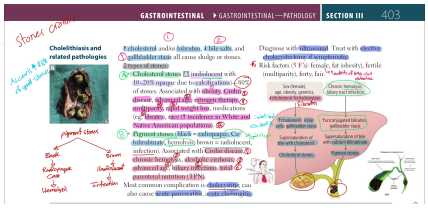


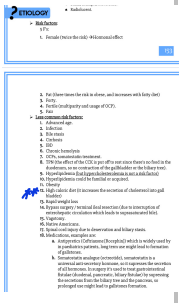
Answer: A

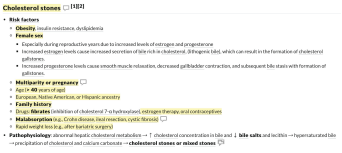
125. All of the following are associated with increased formation of cholesetrol gallstones except: *

A. Exogenous estrogen
B. High calorie diet
C. Obesity
D. Prolonged TPN
E. Rapid weight loss









Answer: B

126. Appendicitis is most difficult to be diagnosed in which one of the following:

A. Infant 1 year old
B. Pregnant woman (Retro-Hepatic pain)
C. Woman between 18-35
D. Patient on anti-inflammatory drugs

Answer: B

Presentation:
- Classic: vague periumbilical pain with shifting to RLQ. Then, N/V, anorexia (possibly due to secondary ileus). Then tenderness. Then fevers.
- Physical: McBurney's sign: maximum tenderness 1/3 distance between right ASIS and umbilicus. Rovsing's sign: pressure on LLQ causes pain in RLQ. Psoas sign: RLQ pain on right hip hyperextension. Obturator sign: RLQ pain on internal rotation of right hip. Patient can also have pain in pelvis (PR exam) or scrotal pain.
- Labs: mild leukocytosis, normal WBC in 10%. Urinalysis can have RBC and some WBC.
- Imaging: AXR normal, loss of Psoas shadow, fecalith, decreased RLQ gas. US: shows inflamed appendix or pelvic fluid in children or thin adults (signs: thick wall >3mm, non-compressible >6mm outer diameter, periappendicial fluid, appendicolith, hyperemia, reactive LN, target sign, etc). CT Scan: dilated appendix or thick wall, pelvic fluid, fecalith, perforation, fat stranding.
- Alvarado score/ MANT2REL2S (migrating pain, anorexia, nausea, RLQ tenderness 2 points, rebound tenderness, elevated temperature, leukocytosis 2 points, and shift to left). If <5 appendicitis is unlikely, if >6 it is highly likely.

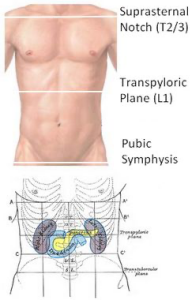
Appendicitis in Pregnancy:
- Incidence → 1/1500
- chief complain → RUQ pain
- Risk of Fetal loss → 4%
- Risk of preterm labor → 7%

** it's the most common procedure done during pregnancy
** the only Abnormal finding is → Left shift

127. All of the following are on the transpyloric plane except:

A. Fundus of the gallbladder
B. Termination of the spinal cord
C. Dudeno-jujenal flexture
D. Neck of the pancreas
E. Origin of inferior mesenteric artery

Superior



Structures Crossed By Transpyloric Plane :

L1 vertebra
Pylorus
Pancreatic neck
Duodenojejunal flexure
Fundus of gall bladder
9th costal cartilage
Hila of kidneys
Origin of portal vein
Transverse mesocolon
2nd part of duodenum
Superior mesenteric artery origin
Hilum of spleen
Termination of spinal cord

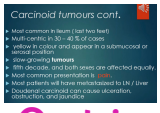
Answer: E

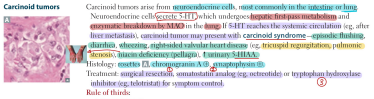
128. All are true regarding carcinoids except:

A. Most common site is the appendix Ileum
B. Ileal carcinoids are rarely multicentric 30-40%
C. Usually associated with other tumors of the gI of differing histology
D. Tumor originates from enterochromaffin cells
E. Ileal carcinoid follow a more malignant course (more mets) slow growing & more mets

Carcinoid tumours

- Originate in enterochromaffin cells (*argentaffin cells*)
- 0.7 per 100 000
- These **tumours** may occur in the
  - foregut (including the duodenum),
  - midgut (including the jejunoileum),
  - the hind gut.
- Midgut carcinoids characteristically secrete large amounts of 5-hydroxytryptamine (**5-HT**; serotonin), whereas foregut carcinoids secrete **small** amounts of this peptide

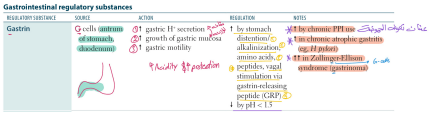




Answer: A

129. Regarding Gastrin all are true except:

A. Secreted by G cells in antrum
B. Decreased by PPI (PPI results in hypogastrenemia)
C. Responsible for gastric phase of acid secretion
D. Increased in zollinger ellison
E. When elevated causes gastric carcinoid



Answer: B

130. A patient u/w a GI surgery in which the Ileum was resected, one of the following is affected:

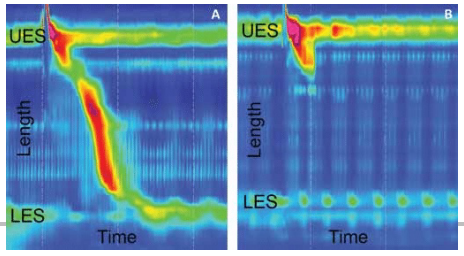
A. Fe
B. B12
C. Calcium
D. Intrinsic factor
E. Tryptophan

B12 مكان الامتصاص

Answer: B

131. Manometry can show all except:

A. Length of intraabdominal esophagus -length of LES
B. Pressure in the esophagus
C. Peristaltic contractions
D. Degree of gastric reflux



Answer: D

132. Wrong about the physiology of pancreas:

A. Acid in the duodenum and bile secretion stimulates pancreatic secretion
B. CCK stimulates enzyme release from the pancreas
C. pancreatic secretions neutralize the acid in duodenum
D. Amylase is secreted in its active form from the pancreas
E. Electrolyte and fluids in pancreatic juice are secreted from acinar cells

2. **Exocrine cells** (Acinar, centroacinar and ductal cells):
   - Acinar cells: Secrete enzymes (Trypsin, Chemotrypsin, Amylase, Lipase, Carboxypeptidase).
   - Centroacinar and ductal cells: Secrete water and electrolytes (Na^{+2}, K^+, HCO_3^-, Cl^-) in response to **Secretin** stimulation.

❖ **Main Investigations:**

The pancreatic enzymes (except for lipase and amylase) are secrete in an inactive form (Zymogens) until they're activated by **enterokinase** in the duodenum

Secretin is secreted from the S cells in the duodenum; it is the most potent endogenous stimulant of bicarbonate secretion.

Answer: E

133. HCC (hepatocellular carcinoma) all are true except:

A. It follows geographical distribution of HBV
B. Increased by Alcohol
C. Commonly metastasizes to lung, bone and peritoneum
D. Percutanous biopsy is done for suspected lesion if operative intervention will be done
E. Main tumor marker is alpha feto protein

➢ **Investigation:**
1. Tumor marker: increase in α-feto protein.

2. Ultra Sound.
3. CT.
4. Angiogram.
5. tissue biopsy with CT / Ultra Sound/ or laproscopic guidance ; the most common way to diagnose HCC

Hepatocellular carcinoma

Also called hepatoma. Most common[1] malignant liver tumor in adults [1]. Associated with HBV (+/- cirrhosis) and all other causes of cirrhosis (including HCV, alcoholic and nonalcoholic fatty liver disease, autoimmune disease, hemochromatosis, Wilson disease, α_1-antitrypsin deficiency) and specific carcinogens (eg, aflatoxin from Aspergillus [2]).

Findings: anorexia, jaundice, tender hepatomegaly. May lead to decompensation of previously stable cirrhosis (eg, ascites) and portal vein thrombosis. Spreads hematogenously to [3].

Diagnosis: ultrasound (screening) or contrast CT/MRI [4] (confirmation); biopsy if diagnosis is uncertain.

Answer: D

134. True about esophagus:

A. Starts at the upper limit of thyroid cartilage
B. Starts at c6
C. 35 cm in length
D. Infra abdominal part is not covered with peritoneum
E. Pass the diaphragm at t8

Esophagus

❖ **Anatomy:** The esophagus is a 25-cm-long muscular tube (40 cm from the mouth) that begins at the pharynx (lower border of C6) and ends at the opening of the stomach (cardia).The muscle type varies along the esophagus:
- #1. Upper 1/3 → skeletal muscle.
- #2. Middle 1/3 → mixed (skeletal + smooth)
- #3. Lower 1/3 → smooth muscle.

➢ There are 3 areas of Narrowing:
1. At the beginning of the esophagus (caused by the cricopharngeus muscle). (C6)
2. Where the left main bronchus and aorta cross. (T4)
3. At the hiatus of diaphragm.

➢ It has 2 sphincters:
1. Upper esophageal sphincter (UES): anatomical sphincter, caused by actual thinking of the muscular wall, its main function is swallowing.
2. Lower esophageal sphincter (LES): functional sphincter, so it's an area of high pressure, its main function is prevention of reflux.

➢ Blood supply:
1. Upper 1/3 → inferior thyroid + anterior intercostal arteries.
2. Middle 1/3 → esophageal arteries + bronchial arteries.
3. Lower 1/3 → left gastric + left inferior phrenic arteries.

Diaphragm structures

Structures perforating diaphragm:
- At T8: IVC, right phrenic nerve
- At T10: esophagus, vagus (CN 10; 2 trunks)
- At T12: aorta (red), thoracic duct (white), azygos vein (blue) (“At 12 it’s the red, white, and blue”).

Diaphragm innerated by C3-5 (phrenic). Pain from diaphragm irritation can be referred to shoulder (C5) and trapezius ridge (C3-4). Phrenic nerve injury causes elevation of the ipsilateral hemidiaphragm on xray.

Number of letters = T level:
- T8: vena cava (IVC)
- T10: (O)esophagus
- T12: (a)ortic hiatus

I ate (8) ten eggs at twelve.

C3, 4, 5 keeps the diaphragm alive.

Other bifurcations:
- The Common Carotid bifurcates at C4
- The Trachea bifurcates at T4
- The abdominal aorta bifurcates at L4

Answer: B

135. All are risk factors for stomach cancer except:

A. High vegetables and citrus diet
B. Poor socioeconomic status
C. H pylori infection
D. Adenomatous polyps
E. Foods with high nitrates content

Answer: A

136. Wrong about diverticular disease:

A. Barium is diagnostic in acute diverticulitis
B. It’s not premalignant
C. Surgery is indicated after the 2nd uncomplicated diverticulitis attack
D. 10-25% of patients will develop diverticulitis
E. Diverticulosis is the most common cause of lower GI bleeding

Surgery indications:
1. After first or any complicated diverticulitis attack
2. After 2 or more episodes of uncomplicated

(Management is always individualized according to patient, these are general guidelines)

Diagnosis and imaging

- CT in rapid, multiple slice scanners capable of variable plane reconstruction became the gold standard in determining the diagnosis and staging of diverticulitis
- Colonic imaging (either colonoscopy or CT colonography) is still performed routinely following an episode of diverticulitis to rule out neoplasia
- Timing and indication of Colonoscopy is questionable .

Elective resection

- Recurrent Diverticulitis ???
  - The natural history of diverticulitis is such that one in six patients undergo surgery at presentation while approximately 20–25% re-present, with a similar proportion requiring surgery, such that less than 5% have more than two episodes
  - Decision of surgery is based on an individualized basis
- Diverticular fistula, diverticular stricture and disease refractory to conservative management.

Diverticulitis

INTRODUCTION

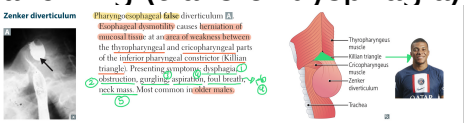
Definition: Infection or perforation of a diverticulum.

Epidemiology: Occur in 10-25% of patients with diverticula (90% left sided , 10% right).

Answer: A

137. Wrong about zenker's diverticulum:

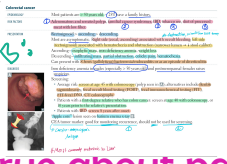
A. Barium is not diagnostic and esophagoscopy is needed (wrong, we don't do endoscopy in fear of perforation)
B. Almost all esophageal diverticula are acquired
C. Treatment is surgical resection
D. Herniation between the upper oblique and lower transverse muscles of the UES
E. It presents with difficulty initiating swallowing (transfer dysphagia) and halitosis

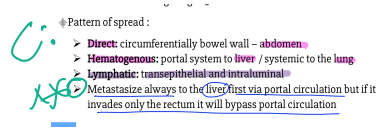


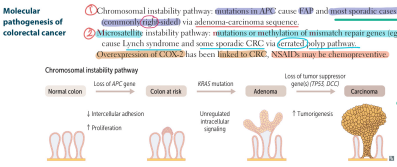
Answer: A

138. Wrong about colorectal cancer:

A. Mutations in tumor suppressor genes or DNA repairing genes are observed in familial colorectal cancer and NOT the sporadic
B. Risk factors concerning life style include: obesity, smoking, high red meat intake
C. The most common site of hematologic metastasis is the liver
D. Surgical goal is to achieve a free margin locally, remove local LNs and establish safe anastomosis
E. 5 years survival rate of patients diagnosed in the first stage is 90%





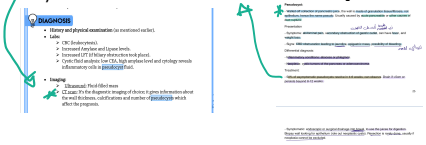


Answer: A

139. All true about pancreatic cysts except:

A. Solid pseudopapillary occurs in middle aged men and is aggressive
B. Pancreatic pseudocysts are distinguished from other pancreatic cysts by lack of epithelial lining
C. Ct scan is the investigation of choice for pancreatic pseudocysts
D. Pancreatic pseudocysts don't require treatment, in most cases they resolve on their own

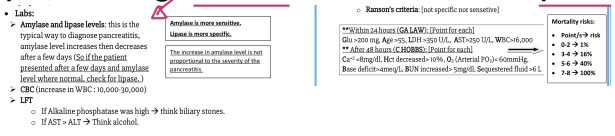
Solid pseudopapillary tumor is a low-grade malignant neoplasm of the pancreas of papillary architecture with special histopathological (part-solid, part-cystic) features that typically affect young women.



Answer: A

140. Wrong about pancreatitis:

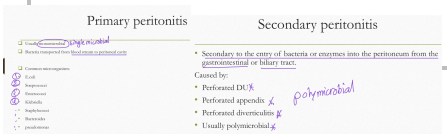
A. Amylase levels does correlate with the severity of the infection
B. Biliary and alcoholic causes account for 90% of the cases
C. Pathophysiology includes cell injury that activates neutrophils which in turn activates zymogens of the pancreas by releasing proteolytic enzymes
D. The cardinal symptom is epigastric abdominal pain radiating to the back
E. The best test to see in a patient presenting 36 hrs from onset is lipase



Answer: A

141. Wrong about peritonitis:

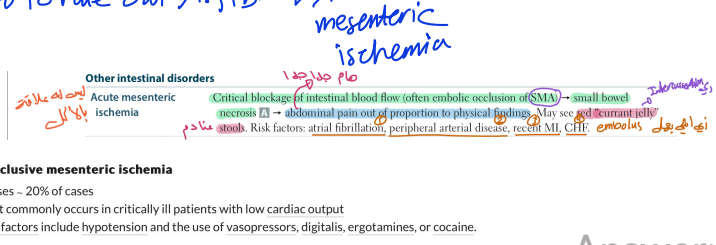
A. Is inflammation of peritoneum
B. Most common surgical cause is secondary bacterial contamination
C. Can be septic or aseptic
D. Primary peritonitis is more common in adults than in children
E. TB peritonitis can be with or without ascitis



Answer: D

142. Patient presented with cardiogenic shock due to MI , resuscitated, admitted to the ICU and he was having sinus rhythm then, on the second day, he had abdominal pain, dx:

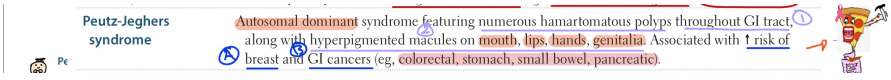
A. Mesentric artery thrombosis
B. Non-occlusive mesentric ischemia
C. Occlusive mesentric ischemia
D. Mesentric embolus
E. Venous mesentric obstruction

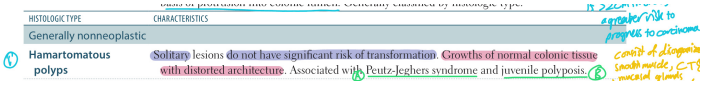


Answer: B

143. Peutz-jeghers syndrome, which is not true:

A. Associated with mucocutaneous lesions and hyperpigmentation
B. Autosomal dominant
C. Associated with anemia
D. Small bowel contains adenomatous polyps

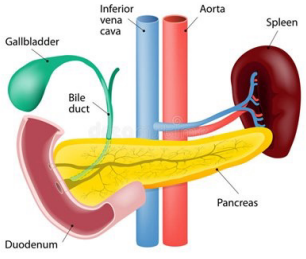




Answer: D (hamartomatous)

144. Which of the following touches the hilum of the spleen;

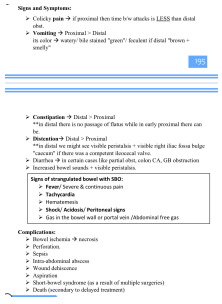
A. Tail of pancreas
B. Splenic flexure of colon
C. Superior mesenteric artery
D. Jejunal coils
E. Gastric cardia



Answer: A

145. Not dangerous in intestinal obstruction:

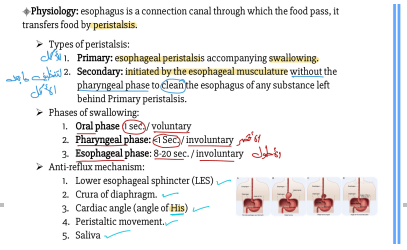
A. Crampy abdominal pain
B. Fever
C. Rigidity
D. Absent bowel sounds
E. Feculant vomitus



Answer: A

146. About the esophagus, all are true except :

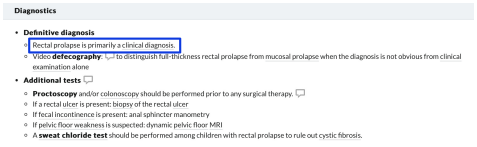
A. Primary peristalsis propels food to the stomach, occurs in progressive way
B. 2ry peristalsis is initiated voluntarily *
C. 3ry peristalsis is simultaneous, non peristaltic contractions
D. Abdominal part of the esophagus is covered by peritoneum ✓
E. Les is not an anatomical sphincter and it is a zone of high pressure mesuring3-5 cm in length ✓



Answer: B

147. Rectal prolapse, all are true except:

A. More common in elderly
B. More common in females
C. Can be associated with constipation or incontinence
D. Abdominal operation is associated with higher recurrence rate
E. Endoscopy should be done for patients



Answer: E

Final 2012

148. Diagnosis of acute diverticulitis (to exclude it):

A. U/s
B. Ct
C. Colonoscopy
D. Barium

Answer: B

149. Wrong about anal fissures:

A. In males, it's most commonly anterior median
B. Multiple fissures are associated with crohn's disease
C. Primary fissures underlying pathophysiology is increased internal sphincteric tone
D. It's equally prevalent in males and females

Answer: A

150. Not a risk factor in gastric cancer:

A. Female sex
B. Smoking
C. H. Pylori
D. You know the rest

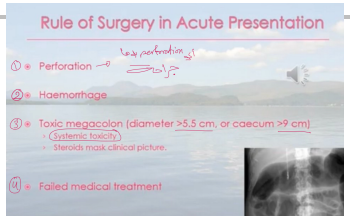
Answer: A

151. Most common cause of death in acute pancereatitis:

A. Hemorrhage
B. Hypovolemia
C. Pseudocyst rupture
D. Infection

Answer: B

152. Not an indication for surgery in UC:



A. Toxic mega colon
B. Massive gl hemorhage
C. Refractory to medical
D. Responsive to medical but persisted more than 7 years.

Answer: D

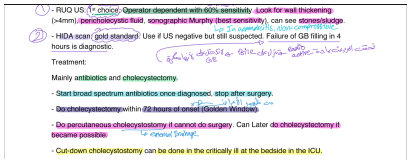
153. Most common extraintestinal in crohn's:

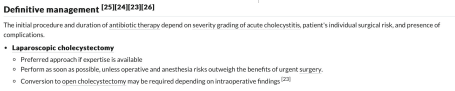
A. Ankylosing spondylitis
B. Arthritis *
C. Erythema nodosum
D. Iritis

arthritis, or inflammation of the joints, is the most common extraintestinal complication of IBD.

Answer: B (not sure)

154. Wrong about acute cholecystitis:





A. Open cholecystectomy is the 1st line of treatment
B. Physical examination shows positive murphy's sign
C. U/S is the diagnostic tool of choice
D. IV antibiotics are given to all patients

Answer: A

155. Regarding esophageal cancer, which is wrong:

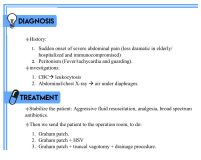
A. Around 80% present with dysphagia
B. Dysphagia causes weight loss
C. All adult pts with dysphasia should undergo esophugscopy to rule out malignancy
D. Screening for esophageal cancer in jordan, is not cost effective

Symptoms	Number Pts (%)
Dysphagia	259 (83)
Weight loss	179 (58)
Abdominal pain	27(9)
Chest pain	21 (7)
GI bleed	20 (6.5)
GERD	17 (5.5)
Nausea/vomiting	16 (5)
Hoarseness	6 (2)
Fatigue	5 (1)
Back pain	4 (1)
Neck pain or mass	3 (1)
Early satiety	2(<1)
Hiccups	2 (<1)
Hemoptysis	1 (<1)
Barrett's surveillance	1 (1)

Answer: D (maybe)

156. PUD perforation, which is Wrong:

A. Mostly in the ant. Wall of duodenum
B. Massively bleeding ulcers are most common to be on the posterior wall of the duodenum Bec. of Gastroduodenal Art.
C. 20% present with pneumoperitoneum
D. Omental patching is an effective surgical treatment



Answer: C

157. Regarding FAP, which is wrong:

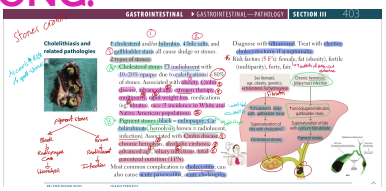
A. Polyps are adenomatous
B. All patient will have cancer at some point
C. Autosomal dominant, APC gene on chromosome five mutation
D. Clinically present in teens
E. Mostly the surgery is, coloectomy with ileorectalanastmosis

- **Intestinal manifestations**
  - Polyps develop in the second/third decade of life but patients are usually asymptomatic until symptoms of colon cancer develop.
  - Lifetime colorectal cancer risk: 100% (onset typically occurs at 35–40 years of age) [9] [8]
  - Increased risk of gastric and pancreatic cancer [10]

Answer: D

158. About black pigmented gall bladder stones, which is WRONG:

A. Associated with hemolysis
B. Associated with cirrhosis
C. Associated with infected bile : Brown
D. Contain mainly calcium carbonate and less calcium palmitate



Answer: C

159. Obstructive jaundice, all are true except:

A. High Bilirubin in urine
B. High urobiliogen in urine (remember: urobilinogen is TRANSPARENT)
C. Normal AST
D. High ALP

Urobilin

Answer: B

160. Not a stimuli for visceral pain:

A. Infarctiom
B. Inflammation
C. Heat
D. Stretch
E. Distention

Answer: C

161. A 60 y/o female patient with known history of HTN and A.fib presented to the ED with acute generalized abdominal pain that isn't backed up by the physical findings on her abdomen, what would be top on your Ddx list?

A. Acute embolic mesenteric Ischemia (emboli are migrating thrombi)
B. Chronic mesenteric Ischemia
C. Acute thrombotic mesenteric Ischemia
D. Acute pancreatitis

Answer: A

Miscellaneous +6TH YEAR

162. Patient with obstructive jaundice, initial diagnostic step:

A. U/S
B. ERCP → Definitive
C. MRCP
D. PTC

Answer: A

163. All of the following are causes of conjugated hyperbilirubinemia except:

A. Hemolysis (indirect)
B. Obstructive CBD stone
C. Biliary stricture
D. Pancreatic head tumor

Answer: A

164. Wrong about ERCP:

A. 1/3 of patients get pancreatitis
B. It's a diagnostic and therapeutic procedure
C. Could be used to perform stone extractions
D. Can be used for biliary stenting

Answer: A (only 3-10%)

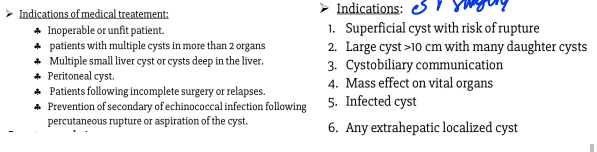
165. Crohn's disease associated fistula all are true except:

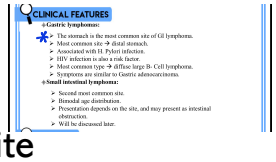
A. colovesical is associated with acute UTI caused by single organism (polyorganisms (when the mode of spread is by blood → single))
B. colovesical is associated with pneumaturia
C. colointestinal may be asymptomatic
D. colovaginal associated with feces and fltus through vagina
E. colocutaneous associated with secretion to the skin

Answer: A

166. Hydatid cyst indication for surgery incllude all of the following except: **

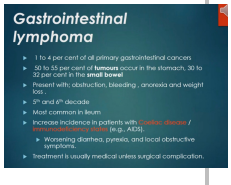
A. >1ocm
B. Infected cyst
C. Calcified cyst
D. Open to bilary tree with no symptoms
E. Open to biliary tree with symptoms





Answer: C

167. All are true about GIT lymphoma except:

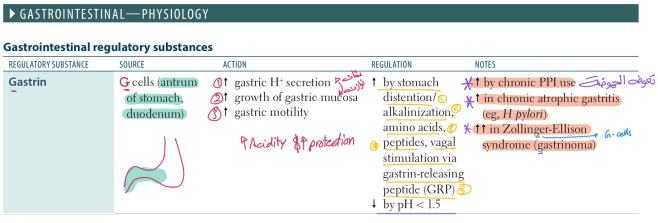


A. Gastric lymphoma is the most common extra nodal site
B. Burkitt's presentation is usually bleeding from proximal jejunum
C. H.pylori associated with MALT
D. Celiac associated with T lymphoma
E. Surgical excision of stomach is reserved for those with perforation and bleeding

Answer: B

168. All increase gastrin secretion except:

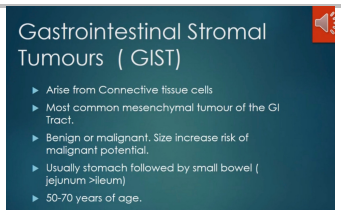
A. Antrectomy
B. Vagotomy
C. Z-E syndrome
D. Atrophic gastritis
E. Achlorhydria

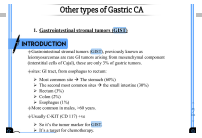


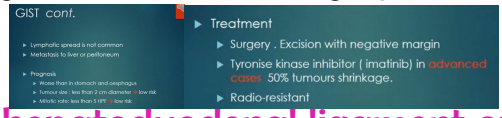
Answer: A

169. About GIST, which of the following is wrong:

A. Stomach is most common site
B. Most common site is the antrum
C. Better prognosis in stomach than small intestine
D. Surgical resection when size >2 cm
E. Large size tumor and high proliferation index have relative risk of malignancy



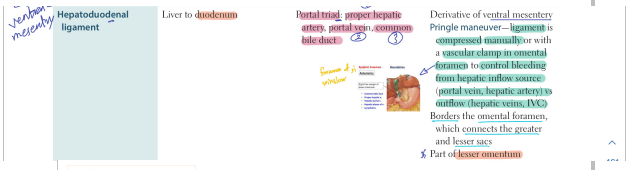


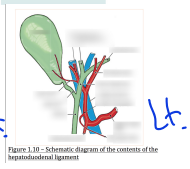


Answer: B (fundus)

170. The hepatoduodenal ligament contain the common bile duct (CBD), hepatic artery and the portal vein in which of the following arrangement:**

A. Artery right of CBD and vein posterior.
B. Artery right of vein and CBD posterior.
C. CBD right of artery and vein posterior.
D. CBD right of vein and artery posterior.
E. Portal vein right of artery and CBD posterior.

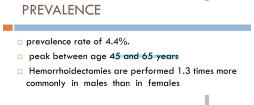


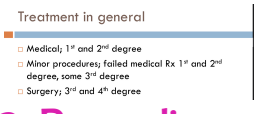


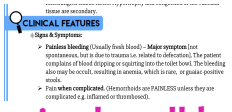
Answer: C

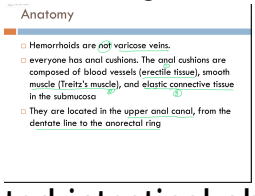
171. All of the following statements about hemorrhoids are true, EXCEPT: **

A. Hemorrhoids are specialized “cushions” present in everyone that aid continence.
B. External hemorrhoids are covered by skin whereas internal hemorrhoids are covered by mucosa.
C. Pain is the most common presentation.
D. Hemorrhoidectomy is reserved for third and fourth degree hemorrhoids.
E. Peak incidence is in the 50-60 years of age.





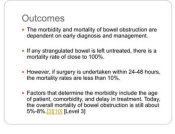




Answer: C

172. Regarding abdominal wall hernias:

A. Are 2nd to adhesions as a cause of strangulated intestinal obstruction
B. 20% of inguinal hernias are indirect
C. In women inguinal hernias are less common than femoral hernias
D. The mortality associated with bowel strangulation is over 10%
E. Trial reduction of pediatric inguinal hernias is not recommended



Answer: D

173. Regarding the pathology of ulcerative colitis, one is TRUE:

A. Is characterized by mesenteric creeping
B. The rectum is rarely involved
C. 10% patients have terminal ileal disease
D. Enterocutaneous or intestinal fistulae are common
E. Pseudopolyps are premalignant

Answer: C

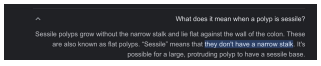
174. Familial adenomatous polyposis, one is TRUE:

A. Is inherited as an autosomal recessive condition
B. Is characterized by polyp formation in late adulthood
C. Is best treated by total proctocolectomy and ileal pouch construction
D. Is due to a mutation on the short arm of chromosome 15
E. Malignant transformation is occurs in 75% of untreated patients

Answer: C

175. Regarding colonic polyps, one is TRUE:

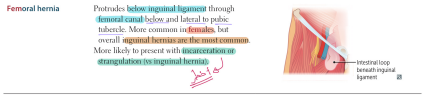
A. Hyperplastic polyps are usually large sessile polyps (>2 cm)
B. Adenomatous polyps are most commonly sessile
C. Villous adenomas are more common than tubular adenomas
D. Genetic mutations can result in epithelial metaplasia
E. Almost all carcinomas arise in pre-existing adenomatous polyps

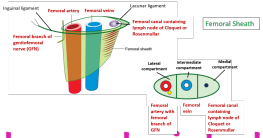


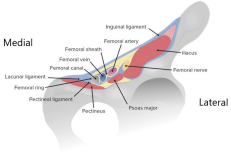
Answer: E

176. Regarding the femoral canal, all of the following statements are true EXCEPT:

A. Lies medial to the femoral vein
B. Has the inguinal ligament as its anterior border
C. Has the lacunar ligament as its lateral border
D. Has the pectineal ligament as its posterior border
E. Contains the lymph node of Cloquet







Answer: C

177. Which of the following organisms is not a gastrointestinal source of peritonitis?

A. Bacteroids
B. Chlamydia
C. Escherichia coli
D. Clostridium
E. Streptococci

Answer: they chose B but I believe it's C

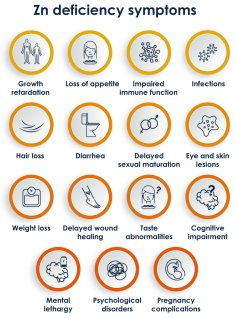
178. All of the followings are true about bariatric operations, EXCEPT:

A. Laparoscopic gastric bypass (LGBP) is a good option for sweet eater patients.
B. The main factor for weight reduction in standard LGBP is restrictive not malabsorptive.
C. The ideal procedure for pediatric age group is laparoscopic adjustable gastric band (LAGB).
D. Laparoscopic sleeve gastrectomy (LSG) is associated with decrease in hunger hormone.
E. Laparoscopic gastric plication is associated with high failure rate.

Answer: B

179. A 60-year-old TPN-dependent male with short gut syndrome and diarrhea presents with non- healing leg wound. Which trace element he may need supplementation with?

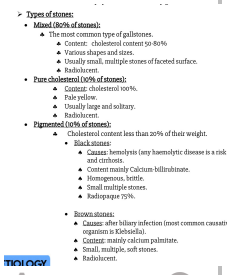
A. Manganese.
B. Fluorine.
C. Selenium.
D. Copper.
E. Zink.



Answer: E

180. With regard to gall bladder stones (GBS), all of the following statements are true, EXCEPT:

A. Pure cholesterol stones are usually solitary
B. Black pigmented stones occurs mostly in the gall bladder
C. The main component of brown pigmented stones is calcium bilirubinate
D. Black pigmented stones is associated with hemolysis
E. Brown pigmented stones is related to biliary tract infection


- Types of stones:
  - Mixed (80% of stones):
    - The most common type of gallstones.
    - Content: cholesterol content 50-80%
    - Various shapes and sizes.
    - Usually small, multiple stones of faceted surface.
    - Radiolucent.
  - Pure cholesterol (10% of stones):
    - Content: cholesterol 100%.
    - Pale yellow.
    - Usually large and solitary.
    - Radiolucent.
  - Pigmented (10% of stones):
    - Cholesterol content less than 20% of their weight.
    - Black stones:
      - Causes: hemolysis (any haemolytic disease is a risk factor) and cirrhosis.
      - Content mainly Calcium-bilirubinate.
      - Homogeneous, brittle.
      - Small multiple stones.
      - Radiopaque 75%.
    - Brown stones:
      - Causes: after biliary infection (most common causative organism is Klebsiella).
      - Content: mainly calcium palmitate.
      - Small, multiple, soft stones.
      - Radiolucent.

Answer: C

181. Metastatic disease to the stomach can occur with the following tumors. Which one is the most common?

A. Melanoma
B. Breast cancer
C. Testicularcancer
D. Colon cancer
E. Prostate cancer

Answer: B

182. Which of the following environmental risk factors contributes most to the pathogenesis of pancreatic cancer?

A. Alcohol use
B. Chronic steroid use
C. High dietary fat intake
D. Radon exposure
E. Tobacco use

Answer: E

قسم الحوادث والطوارئ

183. year old male patient presented to the accident and emergency department with painful groin swelling that was reducible before. Exam showed stable vital signs. His abdominal exam was unremarkable apart from a tender swelling at the right groin and absent cough impulse. The most appropriate next step in his management is:

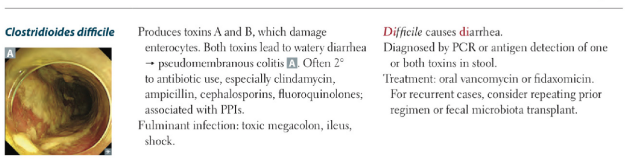
A. CT scan to look for the cause of this swelling
B. Start IV antibiotics and Observe in surgical ward for 8 hours
C. Apply a truss gently and observe
D. Arrange for Ultrasound scan
E. Arrange for exploration

Hx & Px تعتمد على Inguinal hernia خلص في

Answer: E

184. All of the following are risk factors for developing clostridium difficile colitis, except.

A. Prolonged intravenous antibiotics
B. Contraceptive pills) Hepatic adenoma
C. Mal-nutrition
D. Steroids
E. Proton pump inhibitor



Answer: B

185. All of the following are indications for postoperative chemotherapy after anterior resection for upper rectal adenocarcinoma EXCEPT:

A. Node positive
B. Lympho-vascularinvasion
C. T4 stage
D. Tumour size above 3 cm
E. Bi-lobar liver metastasis

بعد العلاج الهدف منه mets قبل

Answer: D

A 43-year-old man is admitted following an RTA, he is found in respiratory distress, he is intubated and ambubag ventilated, the anesthetist tells you that he exercises a lot of pressure to ventilate the patient, there is reduced air entry to the left side of the chest and the trachea is shifted to the right side. Which of the following is the most appropriate management option in this patient?

A. A chest X-ray.
B. A CT thorax.
C. Needle decompression of the left side of the chest.
D. Insert a chest drain.
E. Mechanical ventilation with PEEP.

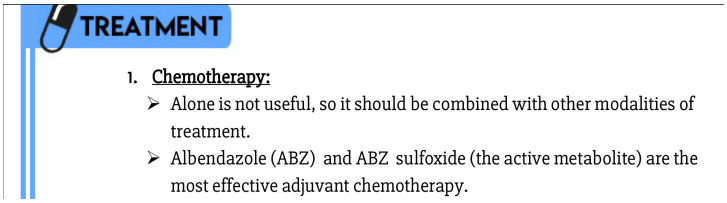
pneumothorax

BTW, THIS IS NOT GI :'D

Answer: C

186. The best medical treatment for hydatid disease is:

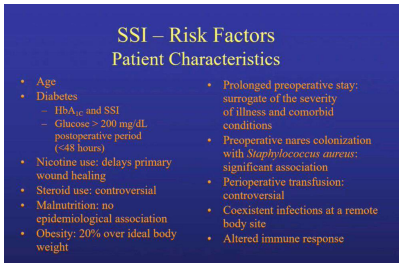
A. Mebendazole
B. Albendazole
C. Ketoconazole
D. Metronidazole
E. Steriods



Answer: B

187. All of the following are associated with increased likelihood of surgical site of infection after major elective surgery, EXCEPT:

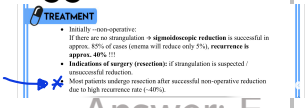
A. Age over 70 years.
B. Chronic malnutrition.
C. Controlled diabetes mellitus.
D. Long-term steroid use.
E. Infection at a remote body site.



Answer: C

188. Regarding sigmoid volvulus, all of the following statements are true EXCEPT:

A. Sigmoid colon is the most common site of volvulus in the gastrointestinal tract.
B. Suggested pathogenesis includes a redundant sigmoid colon that has a narrow mesenteric attachment and the presence of colonic dysmotility.
C. Abdominal CT can be done to establish the diagnosis of sigmoid volvulus and to rule out other causes of abdominal pain and intestinal obstruction.
D. Immediate laparotomy is done in patients with signs and symptoms suggestive of bowel necrosis.
E. Surgery is not recommended after successful endoscopic detorsion.



Answer: E

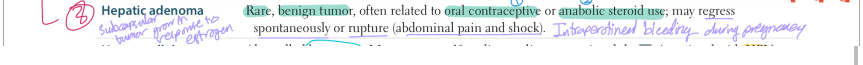
189. All of the following statements are true regarding colonic polyp EXCEPT:

A. Hyperplastic polyps are the most common non-neoplastic polyps in the colon.
B. Villous histology, increasing polyp size, and high-grade dysplasia are risk factors for focal cancer within an adenoma.
C. Distal small hyperplastic polyps rarely, if ever, develop into colorectal cancers.
D. Hamartomatous polyps are polyps that are made up of tissue elements normally found at that site, but which are growing in a disorganized mass.
E. Aspirin increases the incidence of metachronous adenomas and probably cancer.

Answer: E

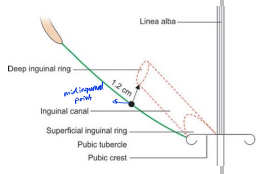
190. A 34 years old lady presented with RUQ pain. She has been on oral contraceptive pills for 10 years. CT abdomen shows a 4 cm hypervascular lesion in the right lobe of the liver. The most likely diagnosis is:

A. Hepatocellular carcinoma
B. Focal nodular hyperplasia
C. Cholangiocarcinoma
D. Adenoma
E. Metastatic breast carcinoma

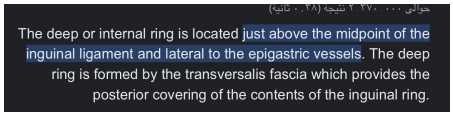


Answer: D

191. Regarding abdominal surface anatomy, all of the following are true EXCEPT: **



A. The abdomen can be divided into 4 quadrants.
B. The trans pyloric plane is at the level of L1
C. The deep inguinal ring is 1.25cm blow the mid inguinal point
D. McBurney's point in located one third distance between anterior superior iliac spine and the umbilicus
E. The umbilicus is normally situated mid way between the xyphoid process and the symphesis pubis

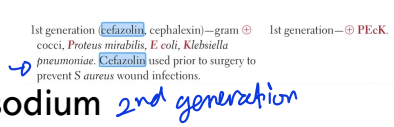


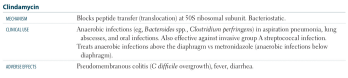
Answer: C

192. 45-year-old male, non diabetic scheduled for laparoscopic cholecystectomy, the best antimicrobial prophylaxis that have significantly lower overall infectious complications is:

clean surgery (no perforation)

A. Cephazolin
B. Cefuroximesodium
C. Ceftriaxone
D. Gentamycin
E. Metronidazole





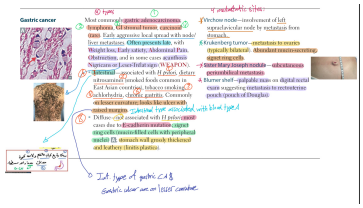
Answer: A

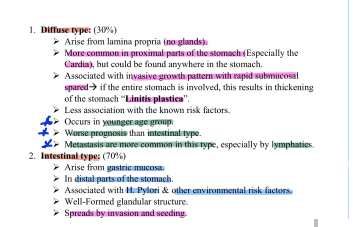
193. Sequence of return of gastrointestinal motility after abdominal surgery is: ***

A. Intestine, stomach, colon
B. Stomach, intestine, colon
C. Colon, intestine, stomach
D. Colon, stomach, intestine
E. Stomach, colon, intestine

Answer: A

194. The diffuse type of gastric cancer:



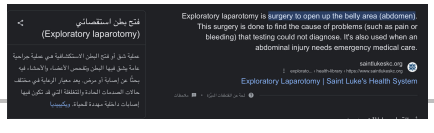


A. Is well differentiated
B. Has Good prognosis
C. Is more common in men
D. Its incidence increases with age (younger)
E. Is associated with blood type A and familial cases suggesting genetic etiology

Answer: E

195. Staging of gastric cancer involves all of the following methods EXCEPT:

A. CT scanning of chest and abdomen
B. Endoscopic ultrasonography
C. PET scanning
D. Laparoscopy
E. Exploratory laparotomy



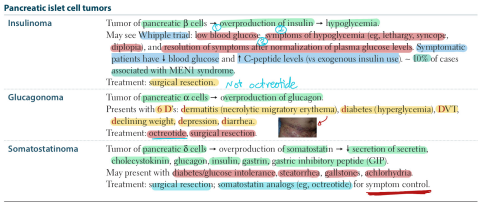
Clinical evaluation and staging

- Flexible upper endoscopy
- Blood test
- Double-contrast barium swallow
- Endoscopic ultrasound scan (EUS)
- CT (computed tomography)
- Diagnostic laparoscopy

Answer: E

196. The most common neuroendocrine tumor of the pancreas is:

A. Insulinoma
B. Glucagonoma
C. Gastrinoma
D. VIPoma
E. Somatostatinoma



Answer: A

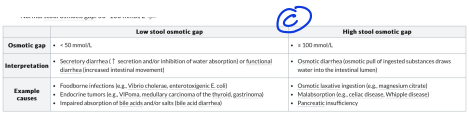
197. The most common arrhythmia seen during laparoscopy is: (General)

A. Sinus bradycardia. (peritoneal traction)
B. Sinus tachycardia.
C. Prematureventricularcontraction.
D. Atrial fibrillation.
E. Ventricular tachycardia.

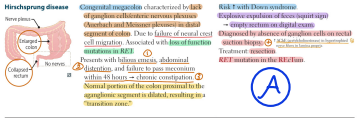
Answer: A

198. All of the following statements about diagnostic studies for the colon and rectum are true, EXCEPT:

A. Acetylcholinesterase staining of rectal biopsies is unreliable for the diagnosis of Hirschsprung's disease.
B. Defecography is useful for detecting “hidden” prolapse or rectal intussusception.
C. A negative osmotic gap in stool is indicative of secretory diarrhea.
D. A colonic transit time study involves serial abdominal x-rays after ingestion of radiopaque markers.
E. Carcinoembryonic antigen (CEA) is useful for monitoring patients after resection for colon cancer.



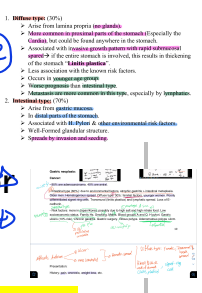
	Low stool osmotic gap	High stool osmotic gap
Osmotic gap	• < 50 mmol/L	• ≥ 100 mmol/L
Interpretation	• Secretory diarrhea (↑ secretion and/or inhibition of water absorption) or functional diarrhea (increased intestinal movement)	• Osmotic diarrhea (osmotic pull of ingested substances draws water into the intestinal lumen)
Example causes	• Foodborne infections (e.g., Vibrio cholerae, enterotoxigenic E. coli) • Endocrine tumors (e.g., VIPoma, medullary carcinoma of the thyroid, gastrinoma) • Impaired absorption of bile acids and/or salts (bile acid diarrhea)	• Osmotic laxative ingestion (e.g., magnesium citrate) • Malabsorption (e.g., celiac disease, Whipple disease) • Pancreatic insufficiency



Answer: A

199. Regarding the intestinal type of gastric cancer according to Lauren, all the following statements are true EXCEPT:

A. Dominant type in areas in which gastric cancer is epidemic.
B. Associated with blood type A and familial cases suggesting genetic etiology
C. More common in men
D. Typically arises in the presence of a precancerous condition gastric atrophy or intestinal metaplasia.
E. Usually well differentiated and spread haematogenously to distant organs



Answer: B

200. The most common malignant tumor of the liver is:

A. Angiosarcoma.
B. Lymphomas.
C. Cholangiocarcinoma.
D. Metastatic deposits.
E. Hepatocellular carcinoma. (most common primary liver neoplasm)

Answer: D

201. One of the following is correct about groin hernia:

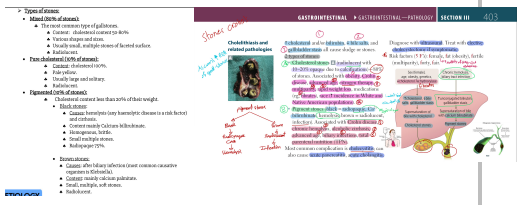
A. Femoral hernia is more common in males. ∝ Females
B. The inguinal hernia appears medial and below to the pubic tubercle. Lateral & above
C. Direct inguinal hernia is lateral to the inferior epigastric artery. (medial)
D. Hernioplasty is the surgical treatment for inguinal hernia in adult men.
E. The risk of strangulation is more common in inguinal compared to femoral hernia

-plasty : to fix

Answer: D

202. All are true regarding the pathogenesis of brown stones except?

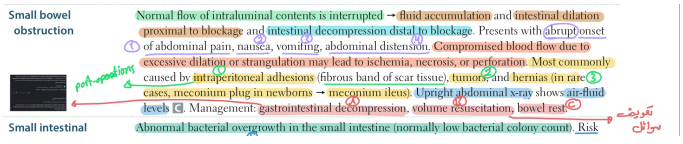
A. They are formed mainly in the bile ducts.
B. They are related to infections.
C. Their content of cholesterol is less than 20%.
D. They contain little amount of calcium palmitate.
E. The calcium bilirubinate they contain is a monomer form

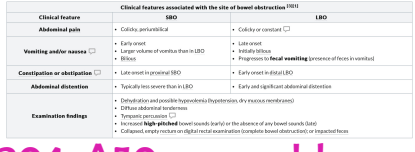


Answer: D

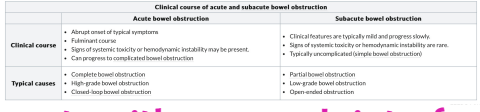
203. Simple intestinal obstruction may be associated with all the following EXCEPT:

A. Oliguria. loss of fluids
B. Edema of the intestinal wall.
C. Bacterial translocation.
D. Abdominal rigidity.
E. Leukocytosis.





- **Simple bowel obstruction**: bowel obstruction with no evidence of complications (i.e., no features of bowel ischemia, bowel perforation, or red flags for complicated bowel obstruction) [1][2]
- **Complicated bowel obstruction**: bowel obstruction associated with strangulation, ischemic necrosis, or perforation [1][2]
- **Red flags for complicated bowel obstruction** [1][2]
  - Pain out of proportion
  - Peritoneal signs
  - Signs of systemic toxicity, e.g., SIRS
  - Hemodynamic instability
  - Laboratory abnormalities: e.g., significant leukocytosis, metabolic acidosis, ↑ lactate

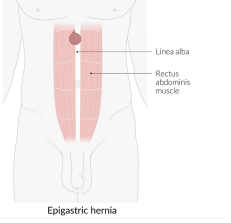


Answer: E (not sure)

204. A50-year-old man presents with a complaint of a 1-cm moderately painful, tender mass situated one-third of the way between the xiphisternum and the umbilicus. What is the most likely diagnosis?

A. Fat necrosis
B. Omphalocele
C. Epigastric hernia *
D. Spigelian hernia
E. Fibrosarcoma of the abdominal wall

- **Anterior abdominal wall hernias**
  - Umbilical hernia: midline ventral hernia at the level of the umbilicus [1][4]
  - **Epigastric hernia**: protrusion of intraabdominal contents through the linea alba, between the xiphoid process and the umbilicus [5]
  - Incisional hernia: protrusion of intraabdominal contents through an abdominal wall defect due to previous surgery
  - Parastomal hernia: a subset of incisional hernias in which intraabdominal contents protrude through the abdominal wall defect created during stoma placement (e.g., colostomy) [5]



Answer: C (MAYBE)

205. Which of the following is false regarding emphysematous cholecystitis?

A. Typical age 50 – 70 years old
B. It is caused most commonly by klebsiella pneumoniae
C. More common in diabetics
D. More common in males

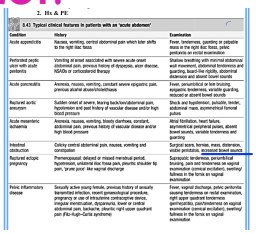
Emphysematous cholecystitis

- By gas-forming bacteria (E.coli)
- Usually n diabetic patients, males and elderly and has a high morbidity and mortality rate.
- Often results in perforation of gallbladder.
- If gas is present in:
  - Biliary tree→Think of fistula.
  - In gallbladder wall→think of emphysematous GB.

Answer: B

207. In acute abdomen, one of the following statements is INCORRECT:

A. Vomiting is a common symptom.
B. Board-like rigidity is typically seen in perforated peptic ulcers.
C. The abdomen is characteristically silent on auscultation.
D. Continuous pain is typical of inflammatory conditions.
E. Colicky pain indicates obstruction of a hallow viscus.



Answer: honestly? All of these are correct

الاجابة ج او

208. The most common complication of hepatic hydatid disease is:

A. Fever and urticaria.
B. Rupture into biliary channel.
C. Rupture into peritoneal cavity.
D. Anaphylactic shock.
E. Suppuration

جزء من هذول السؤالين

33. One of the following represents a major risk of ruptured hydatid liver cyst: ***
A. rupture to bronchial tree
B. rupture to pericardium
C. rupture to stomach
D. biliary rupture
E. anaphylactic shock

Answer: E

52. The commonest complication of a liver hydatid cyst is (among the choices): **
A. Biliary communication.
B. Free rupture to the peritoneal cavity.
C. Cyst infection.
D. Compression of the hepatic veins.
E. Fistulization to a hollow viscus.

Answer: A

Answer: A

209. A 72-year-old man collapses with sudden onset abdominal pain. He has been suffering from back pain recently and has been taking ibuprofen. What is the most likely cause?

AAA
severe bleeding
PUD

A. Bleeding Dieulafoy lesion
B. Ruptured abdominal aortic aneurysm
C. Peritonitis due to peptic ulcer disease
D. Acute mesenteric artery embolus
E. Pancreatitis

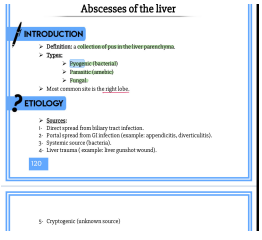
- Etiology: a combination of degeneration (age) and inflammation (atherosclerosis + smoking).
- Risk factors: smoking (most important), age, male gender, family history, PVD, CAD. Associated with popliteal or femoral aneurysms.
- Mostly infrarenal (90%).

حسب جوجل انه ممنوع يتحدى مع AAA
+
NO risk :. NSAID ok's for pancreatitis

Answer: B

210. Which of the following is the most common cause of pyogenic liver abscess?

A. Iatrogenic
B. biliary tract infection
C. Colonic diverticulitis
D. Appendicitis
E. Trauma



Pyogenic abscess:

- Usually older people with risk factors: HIV, IVDU, travel, recent abdominal infection.
- Sources: portal (diverticulitis, appendicitis, IBD), biliary MC (cholecystitis, cholangitis), trauma, hematogenous. Causes: E coli, Klebsiella, Enterococcus, anaerobes.

Answer: B

211. One of the following is correct about familial adenomatous polyposis syndrome:

A. Screening start at the teenage
B. Presence of hamartomatous polyps in colon and rectum
C. Is due to mutation at APC gene at chromosome number 8
D. Hemicolectomy is the gold standard operation.
E. The risk of malignancy in small bowel is 100%

Adenomatous
5
Total
Large

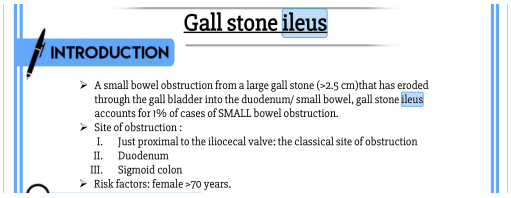
Answer: A

Polyposis syndromes

Familial adenomatous polyposis (FAP)	Autosomal dominant mutation of *APC* tumor suppressor gene on chromosome 5q21-q22, 2-hit hypothesis. Thousands of polyps arise starting after puberty; pancolonic; always involves rectum. Prophylactic colectomy or else 100% progress to CRC.

212. Gallstone ileus most commonly caused by:

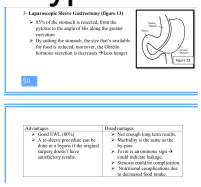
A. Gallbladder to second part of duodenum
B. CBD to duodenum
C. CBD to gastric
D. Gallbladder to gastric
E. CBD to jejunal

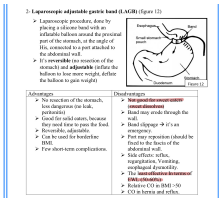


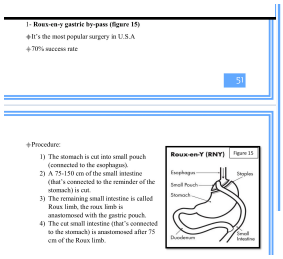
Answer: A

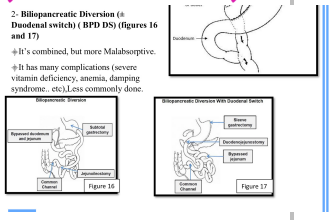
213. What's the best bariatric intervention for a patient with BMI 50, sweet eater, diabetic, hypertensive, with reflux:

A. laparoscopic gastric bypass
B. jejunoileal bypass
C. gastric band
D. sleeve









Answer: A

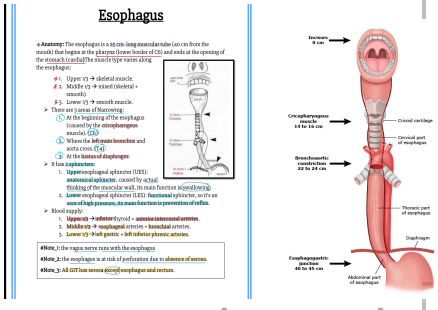
214. All of the following are associated with malignant transformation in small intestine except:

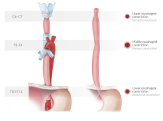
A. Sclroderma
B. Crohn·s disease
C. FAP
D. Puets jeghers syndrome

Answer: A

215. One is right about esophageal anatomy:

A. It deviates anterior and to the left at diaphragm
B. It's 15 cm in length
C. It starts at the level of C5
D. It passes anterior to the aorta in the mediastinum
E. It's composed of somatic muscle fibers in the lower third

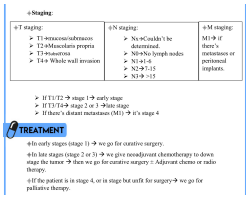




Answer: A

216. Gastric cancer a, what is wrong:

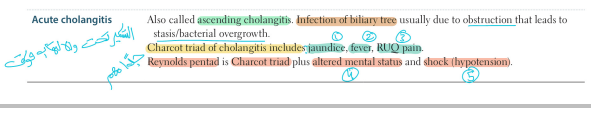
A. CEA and some other tumor marker are used as diagnostic tests
B. Stage 3 is potentially resectable
C. Proximal gastric tumor might present with dysphasia

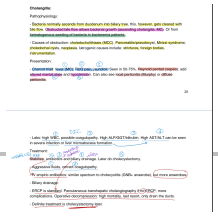


Answer: A

217. Case of acute cholangitis, which is wrong:

A. Hematogenous spread of the organism via portal vein
B. Classical presentation is abdominal pain, fever and jaundice
C. Treat by antibiotics, monitoring sepsis, and biliary drainage
D. If suppurative could also present with hypotension and altered mental status
E. Most commonly caused by biliary stasis and obstruction





Answer: A

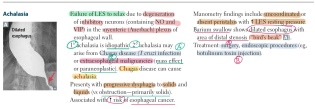
218. Hepatocellular carcinoma tumor marker:

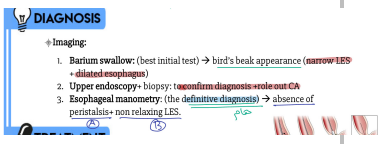
A. AFP
B. CA19-9
C. BCL2
D. b-HCG

Answer: A

219. In achalasia, most sensitive test:

A. Bird peak on Barium swallow
B. Manometry showing failure of relaxation of LES with swallowing
C. Biopsy
D. Aperistalsis of cervical esophagus

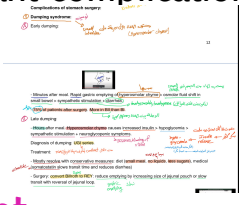


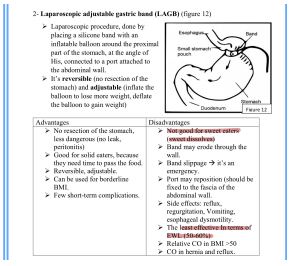


Answer: B

220. Bariatric surgery, Band ligation, what is wrong:

A. Banding shows comparable results with bypass in relation to the extent of weight loss
B. Dumping syndrome is not a significant complication
C. Poor choice for sweet eaters
D. Results in less leak complications





Answer: A

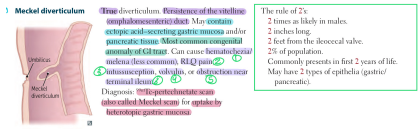
221. Gallbladder function all true except:

A. Absorption of water
B. Absorption of H
C. Absorption of Na
D. Absorption of Cl
E. Secretion of glycoprotein

Answer: B

222. About meckel's diverticulum, which is wrong:

A. Fresh bleeding
B. Causes Painful hematemesis
C. Contains gastric mucosa
D. Contains pancreatic mucosa



Answer: B

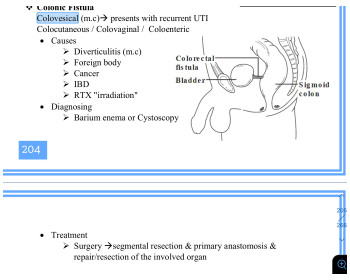
223. About acute pancreatitis what is wrong:

A. Gall bladder stones including microlithiasis is MCC worldwide
B. Alcohol is responsible for 30% of cases in Jordan
C. Incidence following ERCP is 6%

Answer: B

224. Most common cause of colovesical fistula?

A. Diverticulitis
B. Colonic abscess
C. Crohn's disease
D. Vesical squamous cell carcinoma
E. Urethral obstruction



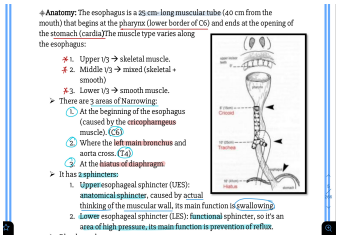
3. Fistulisation:
- Fistulas between colon and other organs may occur secondary to diverticulitis.
- **Colovesical fistulas are the most common and diverticulitis is the most common cause of colovesical fistulas.**
- Colovaginal and colovesical fistulas usually occur in women who have previously undergone hysterectomy.
- Colocutaneous and coloenteric fistulas are uncommon.
- Colonoscopy should be done after 6 weeks to rule out other causes of fistulas.

Answer: A

225. Narrowest part of the esophagus:

A. At the level of the aortic arch
B. Junction between second and third parts
C. Cricopharyngeus

The first constriction is at 15 cm from the upper incisor teeth, where the esophagus commences at the cricopharyngeal sphincter; this is the narrowest portion of the esophagus and approximately ٢٠١٥/٠٧/٠٩ corresponds to the sixth cervical vertebra.



Answer: C

226. One of the following is given in post splenectomy vaccination:

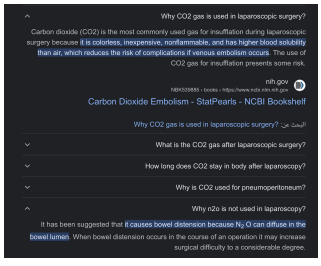
A. Strep. Pneumonia
B. VZV
C. BCG
D. Tetanus

- **Preoperative consideration:**
  - Vaccinations for encapsulated bacteria two weeks prior to surgery:
    1. Strep Pneumonia.
    2. Haemophilus influenzae type B.
    3. Neisseria meningitides.

Answer: A

227. Correct about gas used in lap cholecestectomy?

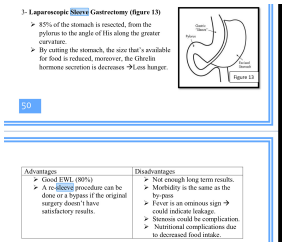
A. Low water content
B. It's mainly composed of O2 CO_2
C. It has high nitrogen content
D. It's loaded with topical antibiotics NO

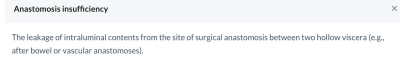


Answer: A

228. Not a complication of sleeve?

A. anastomosis leak
B. stenosis
C. nutritional imbalances





Answer: I don't know

الجواب A و بسيطة ما في Anastomosis

229. Wrong about fibrolamellar liver CA :

A. elevates alpha feto protein in 90% of cases
B. Doesn't have male predominance
C. Happens in ages 5-35
D. Cirrhosis isn't an identified risk factor

Extra super important note:

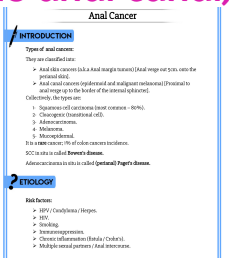
Fibrolamellar hepatoma:

- Is a rare histologic variant of HCC. However, there is considerable evidence that FLC is distinct from HCC in its epidemiology, biology, and prognosis.
- Males and females are equally affected, commonly at a younger age (20 to 40 years old).
- It is uncommon for FLC to be associated with underlying liver disease such as cirrhosis.
- The histology of FLC strongly resembles that of FNH, but any etiologic association between them remains unproven. FLC appears as a hypoattenuated, well-defined, solitary mass on nonenhanced CT scan. On contrast-enhanced CT, the cellular portion enhances homogeneously; the central scar usually does not enhance, unlike the scar of FNH.
- α- Fetoprotein is often not elevated in FLH
- FLC is best treated with complete surgical resection, which is possible in 80% of patients.
- Resectable FLC is associated with a better prognosis than HCC, with a 5-year survival rate greater than 70%. Late recurrence occurs in more than two-thirds of cases, and repeat resection of local disease should be considered.
- Liver transplantation is an option for unresectable but nonmetastatic lesions.

Answer: A

230. Regarding squamous cell carcinoma of the anal canal, which is true??

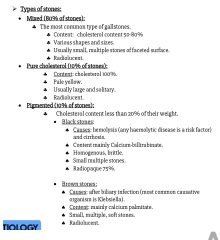
A. Related to HPV
B. Most common in teenage
C. More common in males



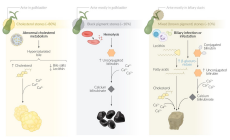
Answer: A

231. Wrong about gallstones:

A. Black stones are associated with hemolysis
B. Black stones occur exclusively in the gallbladder
C. Brown stones associated with biliary tract infections
D. Pure cholestrol stones = solitary
E. Brown stones associated with increased calcium bilirubinate



Answer: E



232. Not part of gastric CA evaluation:

A. CT
B. Endoscopic u/s
C. Laparoscopy
D. Laparotomy

مذكور سابقًا

Answer: D

233. About diverticular disease which is wrong:

A. 60% develop diverticulitis
B. Most common cause of LGI bleeding

مذكور سابقًا

Answer: A (it is 10-25%)

235. wrong about hemorrhoids:

A. Peak at age 45-65
B. Most common symptom is pain
C. Hemorrhoids are normally cushions found in everyone and aid in continence
D. Internal are covered by mucosa, external by skin
E. Stage 3 and 4 corrected surgically

مذكور سابقًا

Some of the most common symptoms include: Bright red blood in your stool, on toilet paper, or in your toilet bowl. Pain and irritation around your anus. Swelling or a hard lump around your anus.

Answer: B

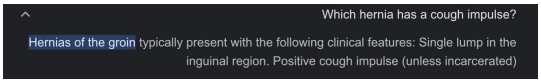
236. One is true regarding the orientation of CBD , hepatic artery and portal vein

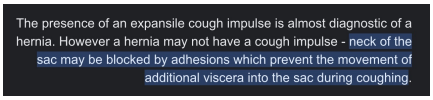
A. CBD right , hepatic artery left . portal vein posterior
B. CBD left , hepatic artery and portal vein posterior
C. CBD right, hepatic artery and portal vein posterior
D. CBD right, hepatic artery left, portal vein posterior

Answer: A

237. 55 male patient with inguinal pain, he has had a swelling that was reducible .. Now there's absent cough impulse what to do:

A. Exploration (because pain is a sign of strangulation)
B. U/S
C. CT scan
D. Iv antibiotics in the surgical ward





Answer: A (maybe)

238. Which is true about Familial adenomatous polyposis:

A. Problem on ch15 5
B. 75% will develop into malignancy 100%
C. Polyps in late adulthood early
D. Panproctocolectomy with pouch is curative

Answer: D

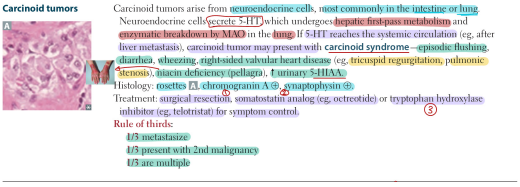
239. Wrong about bariatric surgery:

A. Gastric bypass is restrictive not malabsorptive
B. bypass is good for sweat eaters ✓
C. banding is number one in children ✓

Answer: A (it's both)

240. Carcinoid syndrome, what is wrong:

A. Comes with neuroendocrine tumors
B. Can be with MEN1
C. The syndrome is associated with 5-HIAA
D. Tumors originate from fibrous cells



Answer: D

241. Bleeding artery in duodenal ulcer is:

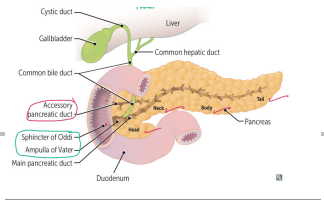
A. Gastrodoudenal artery → posterior
B. Right gastroepiploic artery
C. Hepatic artery
D. Right gastric artery
E. Splenic artery

Anterior → perforation

Answer: A

242. Abdominal Anatomy, all of the following are true except:

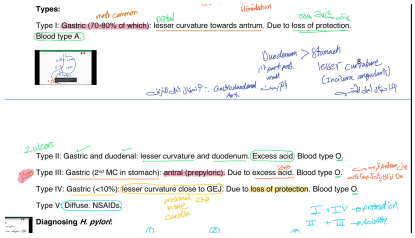
A. Pancreas is related to medial side of duodenum
B. Liver and gb cover 1st part of duodenum
C. The portal vein is created by the splenic vein and SMV
D. The gastroduodenal artery originates from the common hepatic artery



Answer: B

243. True about type one benign gastric ulcer: ****

A. Associated with hypergastrinemia
B. Increased with increased parietal cell activity
C. Decreased mucosal defenses
D. Underlying etiology includes vagal over stimulation



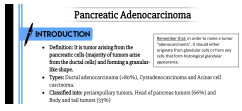
Answer: C

244. A patient with BMI above 50, sweet eater, comorbidities, best bariatric surgery in this case is:

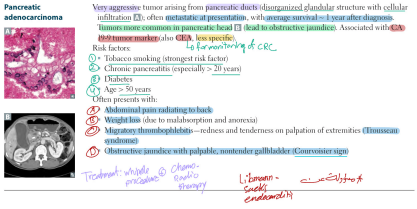
A. Laparascopic sleeve gastrectomy
B. Laparascopic gastric bypass
C. Vertical banded gastroplasty
D. Lap adjustable gastric band

Answer: B

245. Pancreatic adeno carcinoma, which is false:



❖ **Ductal adenocarcinoma** compromises 85% of total pancreatic tumors and they are solid tumors, characterized by neoplastic tubular glands within a markedly desmoplastic fibrous stroma.



A. 70% in the head
B. 90% ductal
C. In resectable, 20% 5-yr survival
D. P16 mutation is found in more than 90% (this is true)
E. Papillary and mucinous cystadenocarcinoma are worse prognosis

- **Prognosis:**
  - Unresectble tumor → 5-year survival is < 5% (they live about 4-6 months).
  - After successful resection → 5-year survival 15-20% (they live about 12-19 months).

Answer: E

246. All seen with crohn's disease except:

A. Leap pipe appearance on barium enema
B. Serosal involvement
C. Skipped lesions
D. Cobblestone
E. Cryptitis

Answer: A

I hope you get the best grades and best outcomes this year, with the biggest yield of knowledge inshaAllah..

Please do contact me if you spot any mistakes and/ or you have any question

Best of luck