

MID GUT AND HIND GUT PAST PAPER

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- Concerning the physiological herniation, all the following statements are correct EXCEPT:
- A. Coiling of the small intestinal loops and complete formation of cecum occur after returning of the intestine to abdominal cavity.
- B. During the 10th week of development, the herniated intestinal loops begin to return to the abdominal cavity.
- C. The herniation occurs in the intestinal loop of the midgut due to rapid growing of the liver and kidneys.
- D. The primary intestinal loop enters the extra embryonic cavity in the umbilical cord during the 6th week of development.
- E. The total rotation of the gut occurs in the abdomen after herniation.
- Answer: E

- in physiological herniation, the intestinal loop of midgut returns to the abdominal cavity from the umbilical cord during the:
 - A. 4th week of development.
 - B. 5th Week of development.
 - C. 6th week of development.
 - D. 8th week of development.
 - E. 10th week of development.
- Answer: E

- Which of the following is forming the lower part of the anal canal:
- A. Posterior region of the cloaca.
- B. Urorectal septum.
- C. Ruptures of the cloacal membrane.
- D. Urogenital sinus.
- E. Proctodeum.
- Answer: E

- Hindgut abnormalities: which of the following results from incomplete separation of the hindgut from the urogenital sinus by urorectal septum:
 - A. Recto vaginal fistula.
 - B. Hirsch sprung disease.
 - C. Recto anal atresia.
 - D. Imperforate anus.
 - E. Recto perineal fistula.
- Answer: A

- A neonate has a small a reducible protrusion through a defined ring at the umbilicus. The doctor indicates to the parents that this will likely close spontaneously. Which of the following congenital malformation is present:
 - A. Symptomatic patent urachus.
 - B. Umbilical hernia.
 - C. Patent omphalomesenteric duct.
 - D. Gastroschisis.
 - E. Omphalocele.
- Answer: B

- in imperforate anus, it's associated with recto vesicular fistula, the common cause is:
- A. absence of allantois.
- B. dilatation of the hindgut.
- C. failure in proctodeum depression.
- D. defect in the urorectal septum.
- Answer: D

- The omphalocele all the following segment are correct EXCEPT:
- A. It is a herniation of the mid gut through the body wall into amniotic cavity.
- B. It results from unreturned physiological hernia.
- C. It is associated with high rate of mortality.
- D. It is associated with severe malformation.
- E. IT's associated with chromosomal abnormality.
- Answer: A

- Imperforated anus Results from which of the following:
- A. Cloaca is too small.
- B. Defect in the growth of urorectal septum.
- C. Failure of the anal membrane to break down.
- D. Defect in the development of urogenital sinus.
- E. Defect in the growth of the proctodeum.
- Answer: C (RECTUM NOT CONNECTED TO ANUS)

- All of the following are true about the allantois, EXCEPT:
- A. It is endodermal in origin.
- B. It is an extension of hindgut.
- C. The uro-rectal septum passes posterior to it during development.
- D. It gives rise to the urinary bladder.
- E. It gives rise to the upper part of the anal canal.
- Answer: E

- During development, the midgut artery appears markedly narrowed at its origin. Which one of the following organ is derive from midgut and may receive inadequate blood supply:
- A. Rectum.
- B. Gallbladder.
- C. Descending colon.
- D. Ascending colon.
- E. Stomach.
- Answer: D

- A baby girl at birth has meconium in her vagina and no anal opening. What type of birth defect does she have;
- A. Recto urethral fistula.
- B. Recto vaginal fistula.
- C. Uro rectal fistula.
- D. Recto perineal fistula.
- E. Congenital megacolon.
- Answer: B

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- Positive McBurney's test, it had pancreatic tissue:
- Answer: Meckel's diverticulum.

- Esophagus ... trachea bifurcation:
- Answer: Failure of the tracheoesophageal ridge.

- Main pancreatic duct is formed by:
- Answer: All ventral and distal dorsal pancreatic buds.

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- Answer in page 9 was b... so, the new answer is C.
- I add new question in page 12 (**final 2020**).
- Page 13 (Final 2020) added.

THE END