



SubSurgery

Final 021



021 Final subsurgery
#LEJAN

Ortho

1- Best imaging modality to assess osteoporosis is

A- DEXA scan

2- a little boy with knee pain and swelling inability to walk and fever, best next step

A- admission for IV antibiotics

B- urgent knee aspiration

C- send home on oral antibiotics

3- a 20 years old female with back pain if three months duration, with fever only at night and increased pain with all movements on physical exam, best next step

A- rest cliché

B- MRI

C- follow up Xray in 6 months

4- A man who suffers from hyperthyroidism fell down on the stairs, can't raise his leg, the patella is deviated downwards (patella baja), the most likely affected structure

A- patella

B- quadriceps tendon

C- patellar ligament

D- patellar tendon

5- a basketball ball player landed standing on her leg, she heard a popping sound and there was an immediate massive swelling (within 2 hours), most likely diagnosis

A- ACL tear

B- midial meniscus

C- Lateral cruciate ligament

6- some injury, positive posterior drawer, and quadriceps something

A- PCL

B- ACL

C- lateral smth

7- the most common spinal deformity associated with osteoporosis

A- hyper kyphosis

B- scoliosis

8- which is normal in children foot

- A- caves
- B- equinus
- C- varus
- D- calcaneus
- E- flat foot

9- 3 months girl diagnosed with DDH, management

- A- pavlik harness
- B- reduction

10- rocker bottom foot

- A- vertical talus

11- female patient with pathological spine fracture, on bisphosphonate for the last three months, complaining of heartburn and gerd, and renal insufficiency best next step,

- A- stop bis and refer to specialized osteoporotic therapy
- B- stop bis
- C- increase bis
- D- antacid

12- Test to reveal complete full tear of supraspinatus tendon:

- A- drop arm
- B- can emptying
- C- Neer test
- D- full can
- E- Hawkins

13- not an indication for MRI in idiopathic scoliosis

- A- curve progress of 1 to 2 degrees per year
- B- pain
- C- presenting large curve
- D- abnormal neurological exam

14- 85 yo lady intertrochanteric stable fracture

- A- THR
- B- cannulated screws

C- dynamic hip screws

D- bed rest

E- long leg cast

15- not common in intertrochanteric fractures

A- avascular necrosis of the neck

B- malunion

16- A patient landed on her foot everted and this caused a fracture in the proximal third of fibula And X ray showed widening of medial ankle space joint but no medial malleolus fracture

What is this

A- Maisonneuve fracture

17- A patient was involved in a fight he presented to the ER with a laceration on the knuckles, what is the best management

A- Open and irrigate the MCP joint IV amoclan

B- irrigate and suture and send home on oral antibiotics for 2 days

C- dressing with topical fuscidin

18- what is a Tilaux fracture

A- transitional fracture

19- Chance fracture:

A- flexion distraction

20- A 30 patient fell on his outstretched hand Xray shows olecranon fracture what is the best management

A- open reduction with internal fixation

B- elbow replacement

C- cast with early mobilization

D- above elbow cast

E- closed reduction

21- a patient fell on his outstretched hand, Xray shows dorsal replacement of the distal radius, what is the best management

A- closed reduction with cast

B- ORIF

22- Child with supracondylar fracture, weakness in thumb opposition and index finger DIP, nerve most probably affected?

- A- Anterior interosseous nerve
- B- radial
- C- ulnar
- D- musculocutaneous
- E- axillary

23- humerus mid shaft fracture with nerve injury ?what is the most likely movement to be affected

- A- Finger extension on MCP
- B- finger abduction?
- C- thumb abduction

24- a patient complaining of a flexed thumb and difficulty and pain in thumb extension, after forceful trying it opens with a painful click

- A- trigger finger
- B- De Quervain tenosynovitis
- C- thumb osteoarthritis

25- Bony fragment visualized on x ray following a traumatic lateral patellar dislocation what is the probable source of this fragment:

- A) odd facet of patella
- B) medial facet
- C) lateral condyle
- C) trochlea

26- A 9 years old boy complaining of severe pain on anterior tibia with fever, he can't walk but knee flexion is painless on physical exam, high CRP, ESR, Xray is normal best next step

- A- redo xray in 6 weeks
- B- do MRI
- C- do lung CT scan

27- A patient presents with a fracture (femur or smth), Xray show a lytic lesion on the site of fracture, investigation shows other multiple lesions, most likely origin of the cancer

- A- renal
- B- breast
- C- adenocarcinoma of the lung

28- in which of the following should we keep high index of suspicion for compartment syndrome

A- 9 years old girl femur fracture in RTA

B- Tibial fracture in a 30 years old man

C- intertrochanteric fracture in 50 years old fell on stairs

D- 20 years old metatarsal fracture after running a marathon

29 which of the following is a feature of malignancy in bone lesions

A- wide transitional zone

B- sclerotic rim

C- multi something

30- doesn't increase risk of lateral patellar dislocation

A- Vastus medialis hypertrophy

31- wick indicates stable slipped capital femoral epiphysis

A- weight bearing with or without crutches

B- inability to bear weight

C- more than 50% need surgery

32- goal of LCP surgery in perthes

A- maintain congruency between femoral head and acetabulum through containment

B- Reduce pain and maintain a round femoral head

C- Resolution of the AVN as soon as possible

D- Maintenance of normal growth

33- which of the following methods of fixation leads to primary healing

A- lag screws

B- k wires

C- cast

Neurosurgery

1- a case of admitted patient after RTA the patient suddenly deteriorated imaging shows brain unilateral uncal herniation. All of these are signs except a ipsilateral dilated pupil

- B contralateral muscle weakness
- C contralateral homonymous hemianopia
- D decorticate position
- E decrease consciousness.

2- most common primary CNS tumor

- A ependymoma
- B astrocytoma
- C pituitary adenoma
- D Medulloblastoma

3- a patient in the ER after RTA opens eye with painful stimulus, morning sounds, cannot obey, commands, one arm with a flex deformity the other arm can reach pain with bilateral rigid extended legs calculate the GCS

- A 2
- B 3
- C 6
- D 9

4- a patient brought to the ER after RTA and was unconscious A CT imaging was done. All of the following can be seen together except

- A bilateral frontal contusion
- B bilateral temporal contusion
- C cavitation of one occipital lobe
- D
- E diffuse axonal injury

5- a patient with essential tremor what's the nucleus targeted in deep brain stimulation

- A subthalamic nucleus
- B globus pallidus
- C VIM
- D- thalamic

6- a patient with Parkinson, which nucleus is targeted in deep brain stimulation

- A VIM nucleus
- B globus externus
- C subthalamic nucleus
- D- thalamic

7- the deficit appears in patient had left temporal lobectomy

- A hearing loss
- B expressive aphasia
- C memory and language problem

8- most common cause of subarachnoid hemorrhage

- A Ruptured aneurysm
- B trauma

9- most common cause for vasospasm

- A- after surgical procedures
- B- aneurysm ruptures

10- all of these are signs of basal skull fracture in anterior fossa except

- A battles sign
- B nasal bleeding
- C rhinorrhea
- D- ragoon eyes

11- which of the above is an absolute contraindication for shunting

- A acute active meningitis
- B space occupying Lesion

12- all of the above signs can be seen in a patient with idiopathic intracranial hypertension except

- A tortuous optic nerve
- B cupping of optic disc
- C abnormal venous
- D empty sella turcica
- E enhancement

13- a pregnant woman with previous history of having a child with a neural tube defect and has a high risk chance for a neural tube defect. What's the dose recommended by WHO of folic acid that she should take before and during pregnancy

- A 400 micrograms per day
- B 5 mg per day
- C- 500 micrograms perday

14- in a full term infant what is the most common cause of congenital hydrocephalus

- A meduloblastoma

B aqueduct stenosis

15- not a sign of radiculopathy

A- absence of babinski

b- dermatomal loss of sensation

16- most common cancer to metastasize to the brain in men

A- lung

B- prostate

Ophthalmology

1-all are contraindications for LASIK except

A- being a physician

2-ALL cause esotropia except

A- CN3 palsy

B- Hydrocephalus

C- Hypermetropia

3- not a cause of hypermetropia

A- keratoconus

B- short eye axis

4- munsons sign seen in

A- keratoconus

5-not in diabetic

A- exudate (serous) retinal detachment

B- subhyaloid hemorrhage

C- Vitreous hemorrhage

D- traction retinal detachment

6- doesn't cause ocular edema

A- acute angle closure glaucoma

B- PDRP

7-glaucoma all following visual field defects except

A- tunnel vision

B- widening of blind spot AI
C- arcuate scotoma
D- altitude
E- nasal step

8-doesn't cause posterior synechia
A- Fuchs iridocyclitis
B- sarcoidosis
C- bahcet disease

9-false about phecoemulsification
A- posterior subcapsular opacification is the most common early complication

10-chemical injury to the globe
A- irrigation 10-20 min

11-contraindication in glucoma
A- tropicamide
B- pilocarpine
C- temilol

12-eye swelling or proptosis in a child, most common cause (all options were tumors)
A- rhabdomyosarcoma

13-MCC of acquired unilateral ptosis
A- senile involuntional
B- horner syndrome
C- 3rd cranial nerve palsy

14-not a cause of complete vision loss
A- amaurosis fugax
B- macular edema
C- retinal detachment

15-contraindication of topical steroid
A- corneal ulceration

16-wich of the following does not cause amblyopia
A- central corneal scar in 11 year child

- B- congenital glaucoma
- C- patching the eye of a 4 year old

17-Kayser-Fleischer ring (KF ring) is composed
A- copper

ENT

1- Cholesteatoma management

- A) Antibiotics
- B) Myringotomy
- C) Mastoidectomy

2- A child, fever, stridor, direct laryngoscopy shows red edematous epiglottis,
diagnosis
A- epiglottitis

3- A unilateral grayish structure obstructing nose
A- antrochoanal polyp

4- 50 years old smoker with 3 months of hoarseness and ear pain, most likely
diagnosis
A- acute pharyngitis
B- glottic carcinoma

5- most common cause of peripheral vertigo lasting 5 minutes
A- meniere disease
B- BPPV
C- Labyrinthitis
D- Vestibular neuritis

6- Ear pain and itching after swimming, very painful when manipulating pinna,
management
A- aural toileting and topical antibiotics and steroids
B- systemic anti fungals

7- Otitis media with effusion, best management
1- Watchful waiting for 3 months
2- tubes insertion
3- drainage

8- we do septal hematoma incision and drainage for prevent :

A- saddle nose deformity

B- septal deviation

9- we fix a broken nose after

A- 7 days

10- Correct about salivary tumors :

A) Most common is sublingual gland tumors

B) 85% originate from parotid

C) All malignant

11- Most common viral cause of NPC :

A)HSV

B)EBV

C)Papilloma

12- lateral neck mass and nose obstruction?

A- NPC

13- periauricular mass in a woman since 6 months ?

A- pleomorphic carcinoma

14- hoarseness for 3 months what would you do

A- indirect laryngoscopy

15- A 3 months infant with abnormal OAE, what next

A- ABR

B-

16- unilateral face pain with vesicles on right pinna, most likely cause

A- herpes zoster

17- a patient came with watery nasal discharge increased by bending forward most specific investigation?

A CT imaging

B beta 2 transferrin

Urology

1- which is not associated with undescended testes

- A- infertility
- B- torsion
- C- varicocele
- D- malignancy

2- patient with 7 PSA, comes with retention, AKI, on 5a reductase since years, best management

A- TURP

3- patient with infertility, gynecomastia, diagnosed with choriocarcinoma, which is wrong

A- produces bHCG

B- produces AFP

4- hallmark of over active bladder

A- urgency

5- Mismatch:

A- Varicocele - ligation

B- spermatocele - spermatocelectomy

C- epididymo-orchitis -incision and drainage

D- testicular torsion - surgical exploration

6- Renal trauma (stable) 1cm reaches pelvis with extra vasation of urine, management

A- admission for observation

B- nephrectomy

C- drain

D- surgical repair

7- Physiology to maintain erection ?

A- increased arterial flow

B- venous occlusion

8- Obstructive pyelonephritis (10mm ureter stone)

A- urgent JJ

B- ESWL

C- medical treatment

9- urgency, frequency with no dysuria or hematuria, normal urinalysis:

A- Parkinson disease

B- stones

C- cystitis

10- PSA velocity:

A- change overtime

11- bladder cancer muscle invasive

A- radical cystectomy with ileal conduit

B- chemotherapy

C- interavesical chemotherapy

12- suspected renal trauma, best imaging

A- Pelvic CT with contrast delayed phase

B- non contrast CT

13- not routinely used in prostate cancer investigations

A- contrast enhanced CT

B- MRI

C- DRE

D- TRUS

14- not routine in BPH INVESTIGATIONS

A- biopsy

B- US

C- UA

D- DRE

15- Normal, FSH, LH, male, infertile, azoospermia most likely cause

A- obstructive azoospermia

B- central

C- testicular agenesis

16- not a contraindication for renal transplantation in a recipient

A- life expectancy less than 15 years

B- psychiatric disorder

C- active malignancy

17- diabetic with 3cm soft tissue mass on kidney, best management

A- radical nephrectomy

- B- Partial nephrectomy (nephron preserving)
- C- Observation and yearly CT
- D- Nephrectomy