



KISII UNIVERSITY
UNIVERSITY EXAMINATIONS

SECOND YEAR EXAMINATION FOR THE AWARD OF THE
DIPLOMA IN CLINICAL MEDICINE AND SURGERY
THIRD SEMESTER 2021/2022
[JUNE-SEPTEMBER, 2022]

CIMS 0263: SURGERY III

STREAM: Y2S3

TIME: 2 HOURS

DAY: THURSDAY, 12:00 – 2:00 PM

DATE: 08/09/2022

INSTRUCTIONS

1. Do not write anything on this question paper.

Part A: Multiple choice questions). Choose only ONE correct answer----- 15 marks

1. Which of the following is true about dysphagia?
 - a) It is subjective pain on swallowing
 - b) It is also known as odynophagia
 - c) It is subjective difficult in swallowing
 - d) Only seen in patients with carcinoma of the oesophagus

2. About acute appendicitis;
 - a) Intestinal helminths may be a cause
 - b) Luminal causes are the least common
 - c) The non-obstructive type is the commonest
 - d) Perforation is unlikely

3. Which of the following is an inflammatory cause of dysphagia?
 - A) Oesophageal webs and rings
 - B) Achalasia of cardia
 - C) Carcinoma of the oesophagus
 - D) Chemical oesophagitis

4. In generalised peritonitis;
 - a) Lying still worsens the pain
 - b) Moving and deep breathing reliefs the abdominal pain.
 - c) Rigidity and tenderness are marked if the anterior abdominal wall is not affected
 - d) Vaginal examination is necessary in female patients

5. Which of the following investigations will be ideal for an elderly patient presenting with dysphagia?
- Barium meal
 - Barium swallow
 - Barium enema
 - Barium meal and follow through
6. Which is the most common cause of lower GIT bleeding in patients below 50 year?
- Colorectal carcinoma
 - Benign polyps
 - Haemorrhoids
 - Inflammatory bowel disease
7. Which of the following fluids is NOT a crystalloid?
- ringer's lactate
 - Normal saline
 - Hartman's solution
 - Dextran
8. The following condition requires surgical intervention only
- Acute appendicitis
 - Intestinal obstruction due to adhesions
 - Hyperthyroidism
 - Peptic ulcer disease
9. In small bowel obstruction;
- Requires aggressive fluid replacement
 - All cases can be managed conservatively
 - Abdominal distension is seen in all cases
 - The most common cause is intestinal helminths
10. What is the diagnosis associated with a "bird's beak" narrowing at the oesophageal junction on barium swallow?
- Carcinoma of the oesophagus
 - Achalasia of cardia
 - Hiatus hernia
 - Gastroesophageal reflux disease
11. Which of the following is NOT an aetiological cause of a fracture
- Traumatic fracture
 - Stress fracture
 - Pathological fracture
 - Comminuted fracture
12. The following are indications of application of P.O.P?
- Prevention of contractures
 - Prevention of pathological fractures
 - Correct deformities
 - Immobilization of fractures

13. A benign tumour of the fat tissue is;

- a) Ganglion
- b) Fibroma
- c) Adenoma
- d) lipoma

14. An abdominal x-ray depicting air below the diaphragm is indicative of;

- a) Ascites
- b) Pleural effusion
- c) Perforated abdominal viscus
- d) Pneumothorax

15. A pathological fracture is likely to be caused by;

- a) Acute osteomyelitis
- b) Lipomas
- c) Neuromuscular disorders
- d) Chronic malaria

Part B: TRUE/FALSE questions. Respond to all answers provided in every question. Each correct response is awarded 1 mark (75 marks)

1. The possible outcome of acute appendicitis include;

- a) Gangrene
- b) Suppuration
- c) Fibrosis
- d) Depends on the frequency with which the peritoneum is affected from this focus
- e) ulceration

2. About dehydration in intestinal obstruction;

- a) Is due to increased intestinal absorption
- b) Caused by increased oral intake
- c) Is marked in those patients with infrequent vomiting episodes
- d) Severity and speed of clinical presentation depends on the level of obstruction
- e) Presents early in high intestinal obstruction

3. The commonest cause of peptic ulcer disease is;

- a) Alcohol
- b) NSAIDS
- c) H. Pylori
- d) Psychological stress
- e) High fibre diet

4. Obstructive jaundice may be caused by;

- a) Severe malaria
- b) Hepatitis
- c) Carcinoma of the stomach

- d) Cholelithiasis
- e) Cancer of head of pancreas

5. Compartment syndrome presents with;

- a) Putrefaction
- b) Pain
- c) Pulselessness
- d) Paralysis
- e) Pallor

6. Which of the following are correctly matched?

- a) Large bowel obstruction ----- early onset of vomiting
- b) Achalsia -----bile stained vomiting
- c) High small bowel obstruction ----- massively distended abdomen
- d) Low small bowel obstruction ----- feculent vomiting
- e) Gastric outlet obstruction ----- succussion splash

7. Complications of acute appendicitis;

- a) Liver abscess
- b) Perforation
- c) peritonitis
- d) Infertility
- e) Intestinal carcinoma

8. In a patient with an open fracture of the tibia due for surgical intervention;

- a) Preoperative blood transfusion is a must
- b) Preoperative administration with opioids is recommended
- c) Bowel sterilization is necessary
- d) Blood for grouping and cross matching is mandatory
- e) Operation consent is optional

9. About peritonitis;

- a) Does not occur in sterile conditions like ruptured ectopic pregnancy
- b) Administration of enema helps to localize the infection
- c) The patient should to take water and eat food to prevent dehydration and starvation
- d) Oral feeding should be withheld
- e) Is severe in children

10. About cholecystitis;

- a) Is prevalent in thin, tall females in the teenage age bracket
- b) More common in men than women
- c) Rarely seen in children
- d) Common in fertile, fat women of around 50 years of age
- e) Is one of the acute abdominal conditions

11. Fournier's gangrene;
- a) The one occurring in women is severe
 - b) Immunosuppression is a risk factor
 - c) Common in homosexuals
 - d) Testes may be shamefully exposed
 - e) Debridement is mandatory

12. About radiographs;
- a) Soft tissues are impenetrable by x-ray
 - b) Dark shadow represents osseous tissue
 - c) Any fluid - gas level in the abdomen means intestinal obstruction
 - d) Soft tissues are translucent
 - e) Good exposure is one of the factors required in an ideal x-ray film

13. Causes of abdominal distension during intestinal obstruction include;
- a) Vomit
 - b) Saliva
 - c) Gastric juices
 - d) Succus entericus
 - e) Swallowed air

14. A fluctuant trans-illuminating swelling of the scrotum is consistent with;
- a) Inguino-scrotal hernia
 - b) Scrotal abscess
 - c) Epididymorchitis
 - d) Hydrocele
 - e) Scrotal haematoma

15. Care of a paraplegic patient includes;
- a) Catheterization of the urinary bladder
 - b) Frequent turning of patient
 - c) Physiotherapy to prevent joint stiffness
 - d) Occupational therapy
 - e) Keeping the beddings wet to help soothe the skin

PART C: Short essay questions. Attempt all questions in this section. 60 marks.

1. A male patient presents to you with a history of an inguinal swelling for the last four months. The swelling is said to be changing in size with variant positions taken by the patient but more pronounced when the patient stands or strains.
- a) What is the most likely diagnosis? (2 marks)
 - b) Outline four (4) predisposing factors for this condition. (4 marks)
 - c) Outline four (4) differentials of this condition (4 marks)

2. One of the most dreaded complications of acute osteomyelitis is chronic osteomyelitis;
- a) Outline four characteristic radiological features of chronic osteomyelitis. (4 marks)
- b) Outline the basic principles of managing chronic osteomyelitis. (6 marks)
3. About GIT bleeding;
- a) Outline five causes of GIT bleeding. (5 marks)
- b) What will be the immediate management of a patient with severe haematemesis. (5 marks)
4. Respond to the following questions concerning urine retention ;
- a) Outline the classifications of urine retention. (4 marks)
- b) List any six (6) causes. (6 marks)
5. Gangrene is a common clinical phenomenon in trauma and orthopaedic patients.
- a) Outline five signs and symptoms of gangrene. (5 marks)
- b) List at least five predisposing factors of gangrene. (5 marks)
6. Respond to the following concerning haemorrhoids;
- a) Outline the possible predisposing factors. (5 marks)
- b) How are haemorrhoids classified? (5 marks)

PART D: Long essay questions. There are three question in this section. Choose and answer only two of the three. 40 marks

1. Discuss carcinoma of the oesophagus under the following headings;
- a) Clinical presentation (5 marks)
- b) Predisposing factors (5 marks)
- c) Investigations (10 marks)
2. About fractures;
- a) Outline the stages of fracture healing chronologically. (10 marks)
- b) Describe any five (5) factors which may influence the healing of fractures. (10 marks)
3. Describe appendicitis under the following headings;
- a) Definition. (2 marks)
- b) Aetiology (5 marks)
- c) Possible complications and (3 marks)
- d) management (10 marks)