SURGERY ARCHIVE

PLASTIC SURGERY

DONE BY:
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SKIN TUMOR

Mini -OSCE

The most likely diagnosis ?

1.BCC

2.SCC

3.Melanoma ?!

Answer: 1

the best for diagnosis?

excisional biopsy

Spot diagnosis :

a) SCC

b) BCS

c) Malignant melanoma

answer:c

Pic of lesion on the forehead , ulcerated , pigmented , 3 cm , not rised

- **Diagnosis ? BCC**
- **How to diagnose it ? Excisional biopsy**
- **Rout of spread by ? Just local spread**
- **Tt ? Mohs surgery**

Gold standered method for diagnosis: excisional biopsy

Routes of spread: lymphatic / local

What is your spot diagnosis?

- SCC

- **What is the surgical management?**

- Mohs surgery

BURNS - miniOSCE

1- what degree is this burn?

3rd degree burn

2- how can you clinically differentiate between superficial partial thickness and deep partial thickness burn?

Blanching test

3- how can you clinically differentiate between deep partial thickness and full thickness burn?

Pin prick test , the patient cant feel in full thickness

A. Degree of burn ?

second degree

B. Mention a test that will differentiate between partial and deep thickness

Pin prick test

C. Explain the pathophysiology of burns in the following:

1. Burn shock:

Excessive leakage of plasma systemic hypo-proteinemia & inflammatory mediators hypovolemia, hypo-proteinemia, hypo-perfusion.

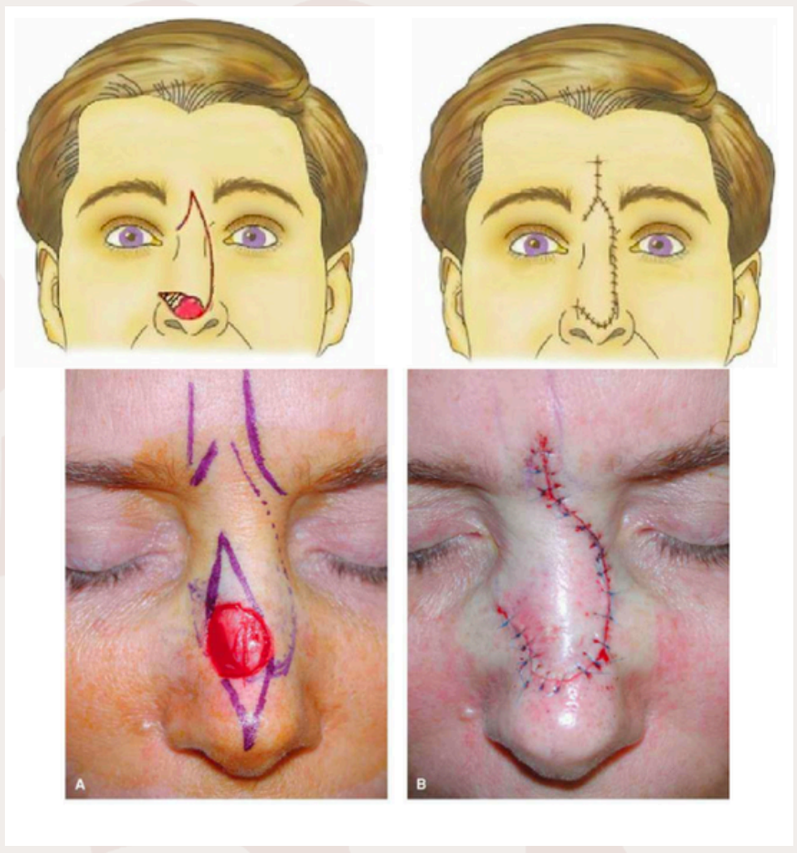
1. Curling's ulcer:

Severe burns • reduced plasma volume leads to ischemia & cell necrosis (sloughing) of the gastric mucosa.*

Plastic & reconstruction surgery - miniOSCE

A. 1.What's the advantage of using Flaps :

Using Segment of tissue that is transferred with its own blood supply (in contrast to graft, which is revascularized from recipient bed).



2. What type?

Local flap

B. 1. What is the type of the skin graft according to thickness ?

Split thickness skin graft

2. What is the method/type of healing ? granulation

3. What's the source of blood supply for this graft in the first day ?

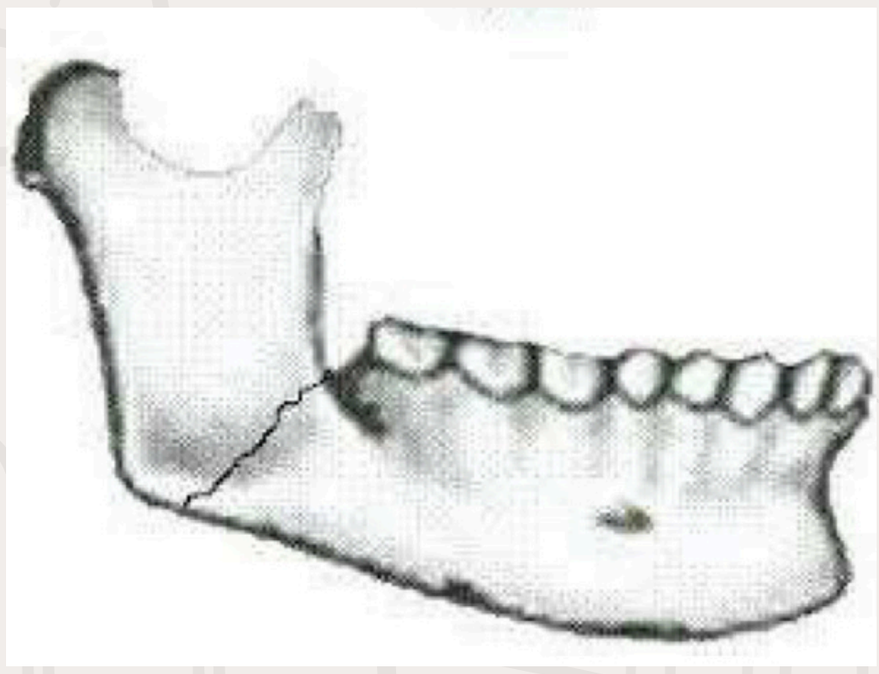
From resident ?

4. Give one disadvantage for this type ?

No blood supply from the source

1. Diagnosis?

Mandibular fracture



2. Invistigation ?

panorama Xray

3. Management?

- Intermaxillary fixation

- Open reduction

Cleft lip & palate - miniOSCE

1) What is your diagnosis

unilateral cleft lip and palate

2) What is the proper position for feeding

child in usually held at an angle of 45°), which minimizes nasal regurgitation

3) Whats your treatment

surgical closure to enable the child to develop normal speech with swallowing without regurgitation

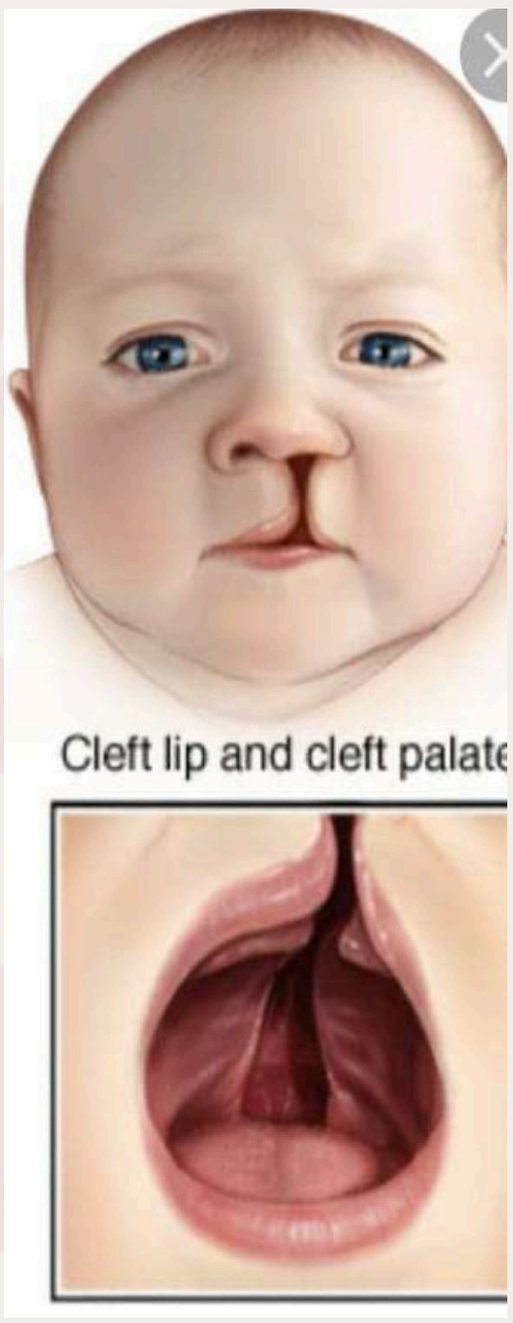
Requirements (essential) for normal speech:

A-the soft palate should be sufficiently mobile

B- soft.palate should be long enough to close the oro-nasal sphincter

4) At which age you will do the surgery

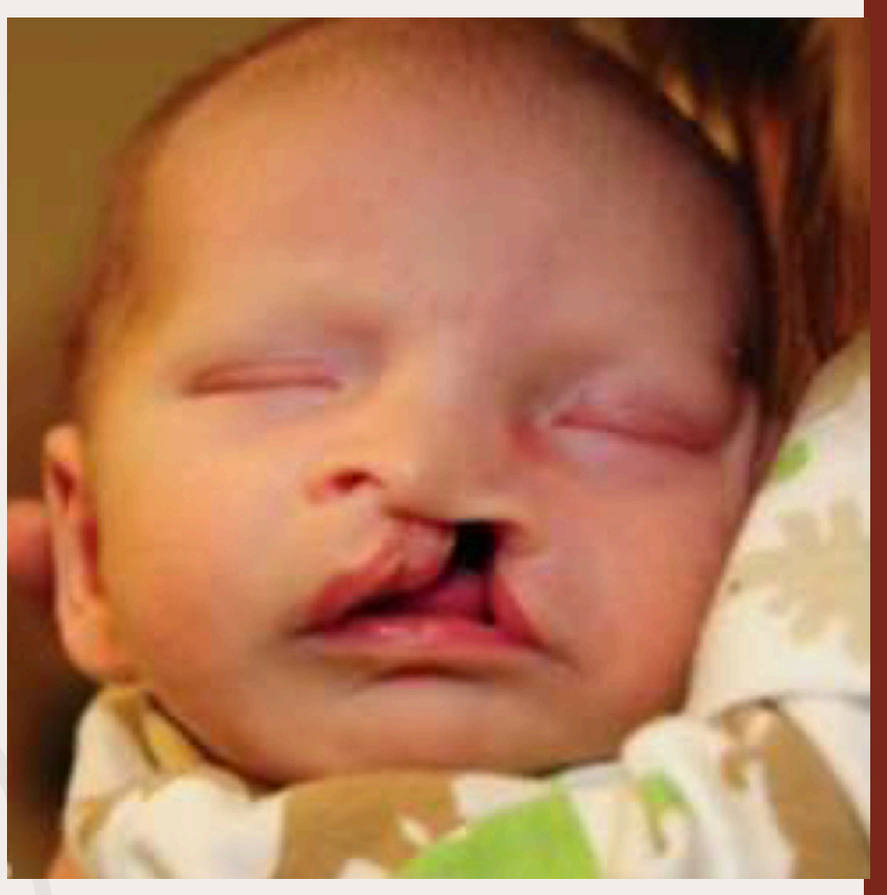
15-18 months



Full-term newborn male presents to the clinic with the displayed congenital anomaly,What is your diagnosis ?

- a. complete cleft lip
- b. complete unilateral cleft lip and palate
- c. incomplete unilateral cleft lip and palate
- d. incomplete cleft lip
- e. microform cleft lip

ans:b



Full-term newborn male presents to the clinic with the displayed congenital anomaly, When should be surgically corrected ?

- a. cleft lip at 3 month ,Cleft palate at 9 month to one year
- b. both at one year age
- c. both at 10 month
- d. cleft lip at 3 month
- e. left lipand palate at 2 year age

ans:a

SKIN TUMOR-Final

1. 46-year-old female with superficial spreading melanoma 2.2 mm on the shoulder, no lymph node enlargement. What is the management?

• Answer: Wide local excision with a 2 cm safety margin + sentinel lymph node biopsy.

2. What is the most important histological prognostic factor in melanoma?

• Answer: Breslow thickness.

3. Which of the following is true about melanoma?

• Answer:

• Superficial spreading is the most common subtype.

• High number of nevi is associated with increased melanoma risk.

• UV radiation and sun exposure are significant risk factors.

4. Which of the following is wrong about basal cell carcinoma (BCC)?

• Answer: Treated by radiation only (this is incorrect; surgery is the treatment of choice).

5. Management of basal cell carcinoma on the eyelid?

• Answer: Excision.

6. A patient with skin cancer (possibly SCC) had incomplete excision. What is the next step?

• Answer: Redo complete excision with safety margins.

7.is the margin required for excision of melanoma in situ?

•Answer: 5 mm margin.

8. What are the margins required for excision of invasive melanoma?

• Answer: Depends on the Breslow thickness:

• 1 mm: 1 cm margin.

• 2 mm: 2 cm margin.

9. What is Mohs surgery used for?

•Answer: Used primarily for basal cell carcinoma and squamous cell carcinoma to achieve complete margin clearance with maximal tissue preservation.

SKIN TUMOR-Final

What is the prgical excision margin for primary melanoma with a Breslow thickness of 0.9 mm?

- 1 cm margin .

Which melanoma classificed on micrometer reading regarding the depth of invasion?

- Breslow's classification .

old patient with a 5 mm pearly nodular lesion on the forehead, suspected BCC. What peripheral excision margin should you use?**

- 4 mm margin

Which of the following represents a low-risk BCC?

-ameter BCC on the trunk .

True regarding SCC:

e most common cancer of the skin .

SCC can clinically manifest as all of the following, except:

Lesion oareas.

- **Central ulceration in nodules with bleeding and crusting.**
- **May involve mucosal surfaces.**
- **May present as warts or eczematous lesions.**
- **(Exception: Bleeding from an old nevus)**

- **Answer**: Bleeding from an old nevus (exception).

A patient with skin cancer (possibly SCC) had incomplete excision. What is the next step?

- **Answer**: Redo a complete excision with safety margins.

2. **Not a risk factor for skin malignancy:**

- **Answer**: Multiple nevi. الاجابة غلط هان

3. **True about malignant melanoma:**

- **Answer**: Tumor thickness is a better prognostic indicator than invasiveness.

BURNS - final

1) The Most common site for skin graft :-

A. Lateral thigh

B. gluteal fold

C. forarm

answer : a

2) Most common cause of burn causing sepsis:

Answer : Pseudomonas

3) **indication for hospital admission regarding the burns**

All about electrical burn true except :

Answer : Extensive skin burn

4) Calculate fluid for 50kg patient with burn, TBSA is 25%, for the first 8 hours:

25% x 50 x 4 = 5000 ..... 25 0 in first 8 hours

5) What is the most important aspect of management of burn injury in the first 24 hours ?

a. Fluid resuscitation

b. Dressing

c. Escharotomy

d. Antibiot

e. Early skin grafting

Answer : a

6) Pt with 3rd degree burn start complaining of pain of the aected limb and decreased pulses what is the management :

a) Fasciotomy

b) Medial lateral escharotomy

Answer : b

7) patient uses silver nitrate for treatment of burn , the silver nitrate will cause :

a. hyponatremia

b. methemoglobinemia

c. neutropenia

d. hypernatremia

Answer : a+b

8) patient with injury (burn) of the dorsum of hand with visible tendons :

Mucocutaneous flap

BURNS - final

9) Burns are classified by degrees from first to third. Which of these describes a third-degree burn? Select
one:
a. Burned area is larger than 5 inches across
b. Burned area is on the face
c. Burned area covers 10% of the body
d. Burn extends through all the skin layers and tissue
e. Circumferential burn
answer : d

10) A 50-year-old woman sustains full-thickness circumferential burns to her entire left upper extremity,
partial-thickness bums to the anterior surface of her entire left lower extreme and first-degree burns to
her entire face (not scalp). What is the total body surface area (TBSA) of burn used to calculate her fluid
requirements?
a. 18%
b. 22%
c. 36%
d. 40%
e. 27%
answer : a

11) A 30-year-old sustains a 25% TBSA burn injury. According to the Parkland formula, the initial IV fluid used
for resuscitation therapy should be:
a. Hypotonic saline.
b. Normal saline.
c. Ringer's lactate.
d. 5% dextrose and water.
e. Colloid
answer : c

12) You are planning a staged resurfacing of a 70% total body surface area burn. Which one of the following
is correct?
a. Split-thickness grafts initially obtain their nutrients through the process of inosculation.
b. Immune rejection is not a risk associated with cultured epidermal autografts.
c. Split-thickness grafts range in thickness from 5 to 30/10,000 of an inch.
d. Cultured epidermal autografts require 3 weeks to achieve a satisfactory cell expansion.
e. Split-thickness grafts have less secondary contraction than full-thickness grafts.
answer : a

BURNS - final

13) A 70 kg patient has sustained a high voltage electrical burn to the left lower limb and is admitted
acutely to the burn center. A normal EKG was obtained on admission. Clinical observations are normal,
but the involved limb is tense and painful, with intracompartmental pressures measured at 20 mm Hg.
Urine output is 30 ml per hour but is colored dark brown. Which one of the following is correct?
a. Urine output should be maintained above 75ml per hour.
b. Bicarbonate and mannitol are contraindicated.
c. Fasciotomy is not indicated at present.
d. No further cardiac monitoring is required.
e. The urinediscoloration indicates renal failure.
answer : a

14) a patient with a thermal injury is referred to you. The referring unit described the injury as a second degree burn. Which one of the following is correct regarding second-degree burns?
a. Blistering is usually present.
b. Sensation is usually absent.
c. Capillary refill is rarely present.
d. The entire dermis is normally involved.
e. The skin appendages are completely destroyed.
answer : a

15) you are asked to see an adult patient in the emergency room . On examination , the patient has a large burn to the left arm and thorax that involves almost all of the left upper limb and half anterior trunk . What is your
estimate of burn extent ?
a. 12%
b. 18%
c. 24%
d. 28%
e. 32%.
answer : b

16) the most serious problem to consider with an electric burn is:
a. shock
b. hypothermia
c. brain damage
d. cardiac dysrhythmia
e. associated with flash burn
answer : d

BURNS - final

17) Which one of the following is the correct resuscitation volume for a 95 kg patient with 42% TBSA burns
(using the modified Parkland formula)? The patient had 3 L before arrival at the burn unit, and the burn occurred 4 hours ago.
a. 1250 ml per hour for 4 hours, then 500 ml per hour for 16 hours
b. 1000 ml per hour for 8 hours, then 400 ml per hour for 16 hours
c. 1000 ml per hour for 4 hours, then 500 ml per hour for 16 hours
d. 1500 ml per hour for 4 hours, then 500 ml per hour for 16 hours
e. 750 ml per hour for 12 hours, then 580 ml per hour for 12 hour.
answer : a

18) Which of the following is false about inhalation injury in burn patients?
a. chest x-ray obtained within 24 hours of injury is an accurate means of diagnosis.
b. Its presence characteristically necessitates administration of resuscitation fluids in excess of
estimated volume.
c. When moderate or severe, it exerts a comorbid eect that is related to both extent of burn and the age
of the patient.
d. It increases the prevalence of bronchopneumonia.
e. Prophylactic high-frequency ventilation reduces the occurrence of pneumonia and the mortality in burn patients with inhalation injury..
answer : a

19) Electrical burn depends on the following except:
A. Site of burn
B. Resistance of tissues
C. Voltage
D. type of current
E. Duration of contact
answer : a

20)All causes hypokalemia except:
A. Post burn
B. Diuretics
C. Vomiting
D. Villous adenoma
E. Pyloric stenosis
answer : a

21) which of the following is the best indicator of smoke inhalation injury?
A.patient with 60% total body surface area burned as his clothes caught Fire
. B-.patient involved with blast steam heat
C.patient with pulmonary embolus
D.patient burned with sooted nostrils and lips
E.patient found unconicious in a smoke filled room
answer : d

BURNS - final

most common cofactor associated with increase mortility within first 48 hours in patient with burn :
ineicient resuscitation ???!!

wrong complication of electrical burn:
A.friction burn :neurovascular injury
B.ulcer in burn...curling ulcer
Ans:a
What is the cofactor associated with increase mortality after burn :
inhalational injury

patient burn 25% BSA and develop duodenal ulcer this ulcer called?
curling ulcer

chemical burn :irrigate with water

content of burn blister >
air\plasma
ans : plasma

The most important step in early management of extensive burns is:
A. Management of burn shock by i.v. fluids and analgesics
B. Immediate grafting
C. Antibiotic administration
D. Burn dressing
E. Tetanus toxoi
answer : a
patient presented to E.R. with 10% thickness burns is best treated by:
A. Admission to hospital + 2 liters i.v. R/L daily
B. Admission to hospital + i.v. fluids + antibiotics
C. Dressing + outpatient follow up
D. Immediate excision + grafting
E. Admission to hospital + i.v. fluid + blood transfusion
answer : c

The main step in the early management of extensive burn is:
A. Giving antibiotics
B. Giving tetanus toxoid
C. Giving i.v. fluids and analgesics
D. Immediate grafting
E. Insertion of nasogastric tube
answer : c

BURNS - final

All of the following features are common in the early period after severe burns, EXCEPT:

A. Hypotension
B. Tachycardia
C. Oliguria
D. Low hematocrit value
E. Confusion
answer : d

A 20-years-old patient arrived at the accident and emergency department with a burn involving the whole
right lower extremity. The surface area involved will be:

A. 10%
B. 7%
C. 18%
D. 9%
answer: c

The most important step in early management of extensive burn is:

A. Management of burn shock by I.V. fluids and analgesics
B. Immediate grafting
C. Antibiotic administration
D. Burn dressing
E. Tetanus toxoid
answer : a

A 60 year old male patient weighing 50 Kg stustained burns to 30% of his body. He presented to you in the ER 4 hours after he was burnt. What is the amount of fluid that you will give him immediately?

Total fluid requirement for 24 hours=4×50×30=6000ml
For the first 8 hours, give half (3000 ml), and since 4 hours have already passed, administer 1500 ml in the next 4 hours.
1500 ml of fluid in the next 4 hours.

The initial management of a laboratory worker who was involved in chemical burn injury by an acid is:

A. Cleaning the area by alkaline solution.
B. I.V infusion of Na-bicarbonate.
C. Application of silver-sulphadiazinecream.
D. Application of Iodine solution
E. Irrigation by water.
answer : e

Plastic & reconstruction surgery - final

1. Which of the following is NOT a disadvantage of (FTSG) compared to (STSG)?

A) Covering large defects
B) Lower graft take
C) Less nutritional need
D) Contraction

answer : c

2. The Most common site for skin graft :-

a- Lateral thigh
b- gluteal fold
c- forarm

answer : a

3. wit Amputated finger with exposed bone what type of tissue reconstruction
is used?

a. Full thickness tissue graft
b. .... Flap
c. split graft

answer : b

4. You are describing the risks and benefits of tissue expansion to aparent whose child requires excision of a giant cell nevus from the occipital skull. Which one of the following is the key advantage of tissue expansion for this child?

a. the number of general anesthetic procedures is minimized
b. the number of hospital clinic visits is reduced
c. the reconstruction can be completed more quickly
d. the defect is more likely to be closed directly using hair-bearing skin flap
e. there is minimal functional and aesthetic impact during the expansion process

answer : d

Plastic & reconstruction surgery - final

5. Full thickness skin grafts can be used in all of the following situations except ; Select one:
a. Defects of the lower eyelid
b. Defects on the nose
c. Reconstruction of the eyebrows
d. Large wounds
e. Defects on the face

answer : d

6. Transverse maxillary fx above root of teeth : Lefort

7. An 8-year-old boy presents to the emergency room after being struck in the face with a baseball. On
examination, he has left periorbital ecchymosis and swelling with restricted upward gaze. He is vomiting
and bradycardie. A CT scan reveals a minimally displaced orbital floor fracture. Which of the following is
the most appropriate treatment?
a. Reassurance and observation
b. Ophthalmology follow-up
c. Emergent operative reduction and orbital floor reconstruction
d. Elective operative reduction and orbital floor reconstruction within 7 days
e. Elective operative reduction and orbital floor reconstruction within 14 days

answer : c

8. Best procedure to be done after an injury to leg associated with exposure of underlying bone and large
area of skin loss is
Select one:
a. Pedicle flap
b. Split skin grafting
c. Full thickness grafting
d. primary intention
e. secondary intention

answer : a

9. Skin Graft lives for 3 days because of : inoculation

Plastic & reconstruction surgery - final

10. Skin graft survival in the first 48 hours is dependent on:
a. Random connection between host and donor capillaries.
b. Plasmatic imbibition.
c. Saline in dressing.
d. Development of new blood vessels
. e. Inosculation

answer : b

11. You are planning a staged resurfacing of a 70% total body surface area burn. Which one of the
following is correct?
a. Split-thickness grafts initially obtain their nutrients through the process of inosculation.
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d. Cultured epidermal autografts require 3 weeks to achieve a satisfactory cell expansion.
e. Split-thickness grafts have less secondary contraction than full-thickness grafts.

answer : a

12- Tissue we can put skin graft on it : subcutaneous

10. Skin graft survival in the first 48 hours is dependent on:
a. Random connection between host and donor capillaries.
b. Plasmatic imbibition.
c. Saline in dressing.
d. Development of new blood vessels
. e. Inosculation

answer : b

Plastic & reconstruction surgery - final

13- wrong regarding partial thickness graft :
At 4 degrees, skin grafts can be stored up to 8 weeks.
(true is Skin grafts stored at -20℃ should be used within two months. To be similar, the skins should be transplanted in one year of freezing in -80℃ and 5 years in liquid nitrogen.)

14- .full thickness graft > not on fatty tissue
جابهم wolfe,Theirsch فازتبهولهم

15- patient with injury (burn) of the dorsum of hand with visible tendons :
a. Mucocutaneous flap

16- Vascularised lesion ,, lesion with intact vessels , the answer is :
FLAP

17- A patient underwent surgery which caused a 2X2 cm defect in the nasolabial area, what is the best method of management:

1. Wolfe graft (FTSG)
2. Theirch graft (STSG)
3. Skin flap

answer : a