

**Past year  
questions**

## PAST year questions

Fourth year 2017 - 1st Semester	( 3 )	Fourth year 2023/2024 – 1 <sup>st</sup> semester	(151)
Fourth year 2017 - 2st Semester	( 9 )		
Fourth year 2018 - 1st Semester	( 15 )		
Sixth year 2019	( 21 )		
Fourth year 2019/2020 - 1st Semester	( 27 )		
Fourth year 2019/2020 – 2nd Semester	( 33 )		
Sixth year 2020	( 54 )		
Fourth year 2020/2021-1st semester	(65)		
Fourth year 2020/2021-2nd semester	(77)		
Sixth year 2021 form 1	(92)		
Sixth year 2021 form 2	(98)		
Fourth year 2022 – 1st semester	(105)		
Fourth year 2022 – 2nd semester	(121)		
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Fourth year: Nabed/ 1 <sup>st</sup> & 2 <sup>nd</sup> trimester 2023	(138)		

Surgery mini-OSCE

Fourth year 2017 - 1<sup>st</sup> Semester

# Q1. Photo for breast

## 1- Findings

## 2- Step to reach diagnosis

### Triple assessment

- a) clinical (history and examination)
- b) radiology (us , mammogram)
- c) pathology (FNA , core cut biopsy)

## 3- Diagnosis

Breast ca

## Q2. photo for thyroid

١- سال شو الفحوصات الي بنستخدمها للكشف عنو

2- خطوات فحص الغدة

A- elevation of the tongue ( to differentiate it from thyroglossal cyst)

B- swallowing a sip of water

٣- واذا ما بين من الفحوصات اشي شو بنعمل حتى نتأكد شو عند المريض

# Q3. Pneumothorax

## 1- Finding :

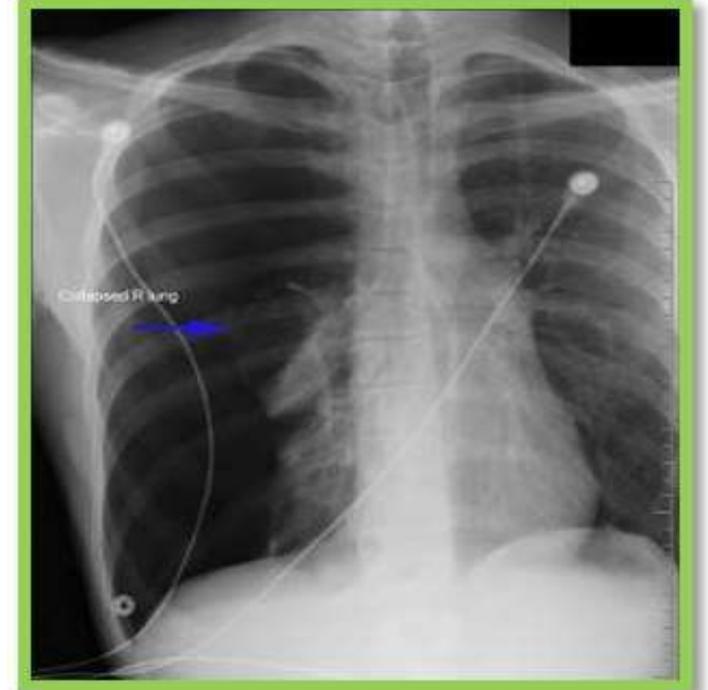
- a-shifting of mediastinum structures to the left
- b-absence of right lung bronchial markings (hyperlucency)
- c- depression of right hemidiaphragm .

## 2- Diagnosis :

right sided tension pneumothorax.

## 3) Mention 3 signs for this patient :

- A -Distended neck veins.
- B -absent breathing sounds on right
- C - deviated trachea
- D -tachypnea (severe respiratory distress )
- E -tachycardia and hypotension



# Q4. Cleft lip and palate

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  $45^\circ$ ), which minimizes nasal regurgitation

3) What's 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



Cleft lip and cleft palate



# Q5. Write 5 differences between these two cases



## Omphalocele :

- 1- Covering membrane(sac)
- 2- Defect is at the umbilicus
- 3- may contain Liver, spleen , bladder in addition to intestinal loops
- 4 - More associated anomalies
- 5- Defect may be more than 5 cm .



## Gastroschisis:

- 1- No coverings(no sac)
- 2- Defect is lateral to (below & Rt. to) the umbilicus
- 3- Contain only intestinal loops (Liver is Almost never found)
- 4- Less associated anomalies.
- 5- Defect is less than or equal to 5cm ( $\leq 5$  cm) .

Surgery mini-OSCE

Fourth year 2017 - 2<sup>st</sup> Semester

# Q1. Chest tube

## A. Indication

Pneumothorax , Hemothorax , Hemopneumothorax , Hydrothorax , Chylothorax , Empyema , Pleural effusion

## B. Site

fourth to fifth intercostal space in the anterior axillary line

## C. Complication during the insertion

bleeding and hemothorax , perforation of visceral organs , perforation of major vascular structures , intercostal neuralgia , subcutaneous emphysema , reexpansion pulmonary edema , infection , ineffective drainage

## D. How you know that its working

appearance of bubbles in the water chamber ( in pneumothorax )

Increase of fluid level ( In Hemothorax )



## Q2. Diabetic foot



**A. What you see**

**B. What is the 5 major lines for manegment**

**1- Mtabolic care : Measure blood sugar if high control it**

**2- Microbial care : Empirical antibiotics + tissue culture**

**3- Wound care : Simple dressing , If pus drainage , Sluffed tissue (necrotic ) debridement , Amputations**

**4-Vascular care : Improve blood circulation , Doppler for narrowing vessels , Bypass , graft**

**5- Mechanical care : Medical shoes , Try to avoid pressure , Try to avoid trauma**

## Q3. Brain CT

**A. Dx ?**

right epidural hematoma

**B. Initial treatment ?**

Hyperventilating

**C. How you treat the brain edema ?**

hyperosmotic agents can help reduce swelling in your brain. They include mannitol, glycerol, and hypertonic saline



# Q4. A case of 10 month y/o pt. came complaining of intestinal obstruction with abd x-ray

**A. Dx ?**

**intussusception**

**B. Mention 3 cardinal signs for this case**

**a. Sausage like mass**

**b. Red-current jelly stool**

**c. Observing the spasm of the pain**



## Q5. Pic for burn

**A. Degree of burn ?**

**second degree**

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

**Pin prick test**



Surgery mini-OSCE

Fourth year 2018 - 1<sup>st</sup> Semester

# Q1

1) Whats the most two propaple diagnosis ?

Goitre , Thyroglossal cyst

2) Two examination you do to reach diagnosis .

Swallowing => To see if its fixated to the trachea (Goitre)

Tongue protruding => To see if its fixed to hyoid bone (Thyroglossal cyst )

3) Two examination you do to know if there is retrosternal growth

Percussion suprasternally => if dullness present then yes...

Tracheal diviation examination by palpation suprasternally if yes indicate retrosternal growth

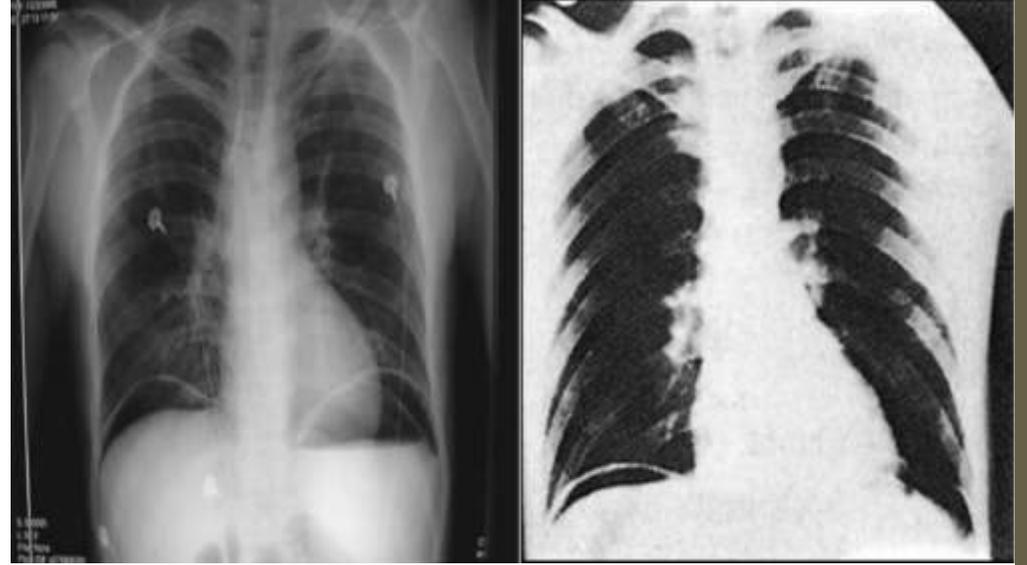
4) Two initial investigation you ask for .

TSH/T3/T4

ultrasound to see content of the swelling



**Q2**



**1. Diagnosis?**

**Air under diaphragm ( Perforated Peptic Ulcer )**

**2. Two line of treatment?**

**urgent laparotomy**

# Q3

1) Skin changes in each picture



**Left => nipple retraction/skin tethering around the nipple (mostly around the lump superior to the nipple)**

**Right => Peau d'orange appearance due to lymphadenoma**

2) Mention three palpation tests you do for these patients?

Palpate the nipple (squeeze the nipple) for discharges

Palpate each quadrant of the breast for mass or tenderness

Palpate the axilla for lymph nodes

3) Three investigation?

**Triple assessment**

1. history and examination,

2. diagnostic imaging by mammography and/or ultrasound scanning,

3. cytology or histology.

# Q4

## 1. Diagnosis?

**Diaphragmatic hernia**

## 2. 4 findings?

**A - shifting of apex beat to the unaffected side**

**B - reduced air entry**

**C - bowel sounds detected in chest**

**D - absent breath sounds on the affected side**

**E - scaphoid (flat) abdomen**

**F - on x-ray : gastrointestinal loops in the chest ,mediastinal shift .**



## Q5

**1. Diagnosis?**

**Mandibular fracture**

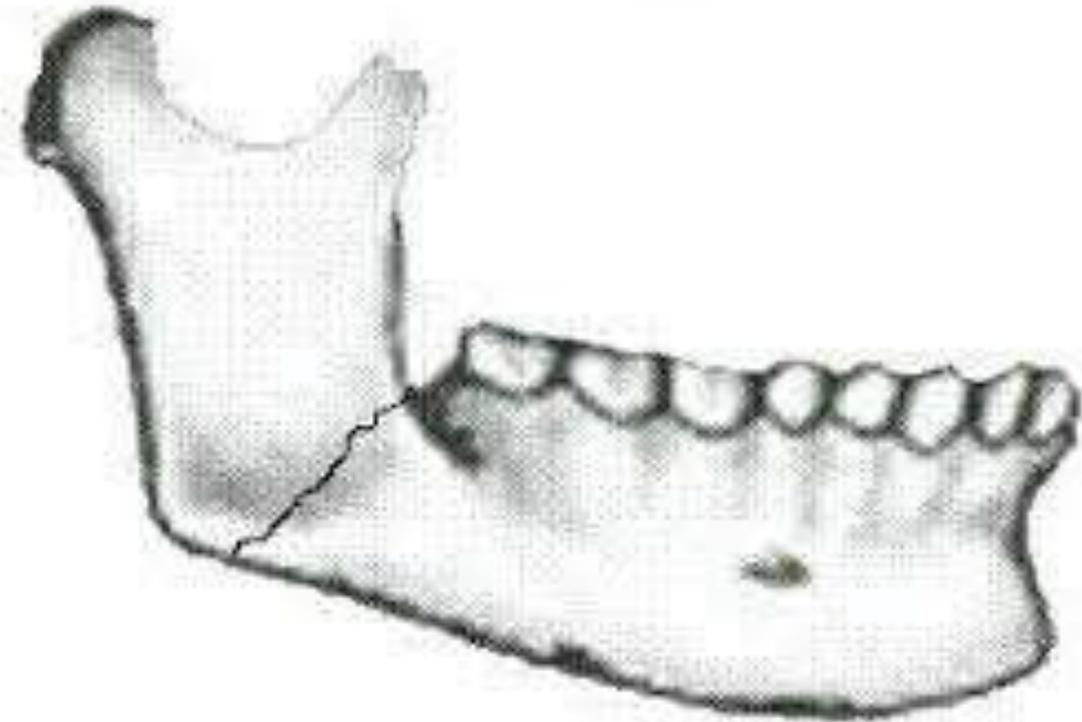
**2. Investigation ?**

**panorama Xray**

**3. Management?**

**- Intermaxillary fixation**

**- Open reduction**



# Surgery mini-OSCE sixth year 2019

Pictures are the same that we had in the exam 😊

# Q1

- What do you see ?

**Orbital floor blowout fracture**

- Mention 3 signs this patient have ?

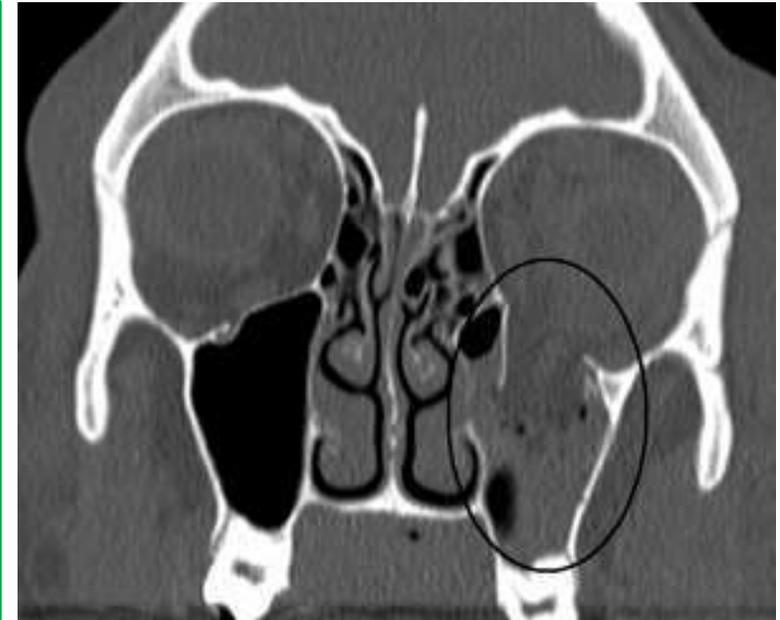
**Enophthalmos / Abnormal eye gaze /**

**Visual field abnormality / ecchymosis**

- Mention 3 symptoms this patient have ?

**tenderness / diplopia / paresthesia of**

**the eyelid**



# Q2

•What is the diagnosis ?

**Infantile hypertrophic pyloric stenosis**

•What are the cardinal features this baby have ?

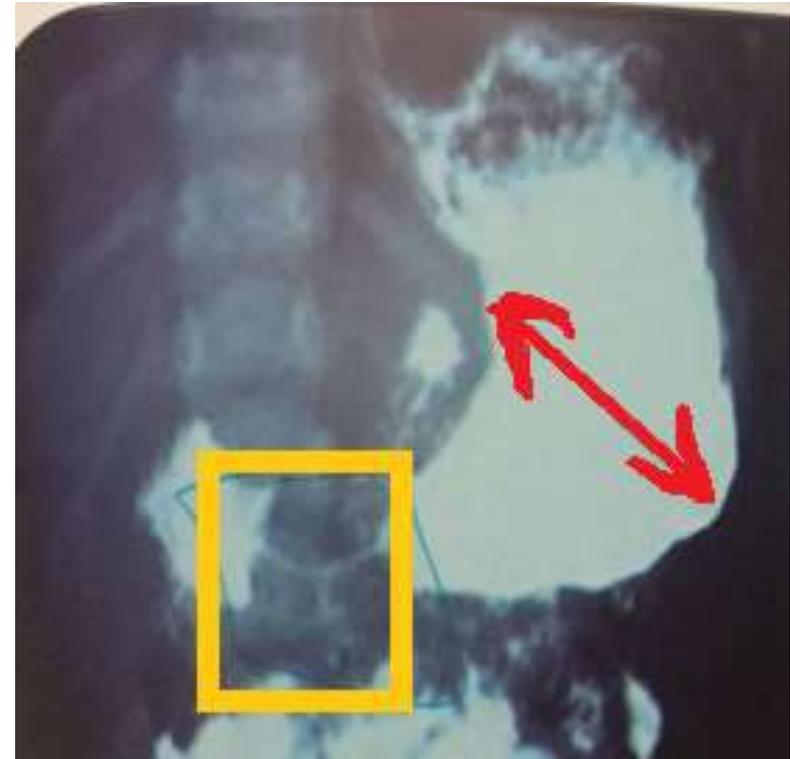
**Non-bilious projectile vomiting , olive like mass , abdominal distension**

•What electrolyte disturbance this baby have ?

**hypochloremic ,hypokalemic metabolic alkalosis**

•What is the treatment ?

**Pyloromyotomy (ramstedts procedure )**



# Q3

•What is the diagnosis ?

**Diverticulosis**

•Mention 4 symptoms this patient have ?

**Bleeding per rectum / constipation / abdominal pain /**

•Mention 4 indications for surgery

• **fistula / diverticulitis haven't improved after nonsurgical treatment / intractable bleeding**



# Q4

•What do you see ?

**incisional hernia**

•This patient came to you complaining of severe abdominal pain , What findings do you expect to find on x-ray ?

**Pain is due to Strangulated hernia , so there will be intestinal obstruction**

•What other clinical findings he might have on examination ?

**Irreducible , tenderness , no pulse , negative cough impulse**



# Q5

•What is the name of this sign ?

**Birds peak**

•What is the diagnosis ?

**Achalasia**

•What is the pathophysiology ?

**Failure of lower esophageal sphincter to relax .**



Surgery mini-OSCE

Forth year 2019 - 1<sup>st</sup> Semester

# Q1 . Upper GI endoscopy for upper GI bleeding (esophageal varices)

1- what's the diagnosis? (Or what do you see in the picture)

Upper GI endoscopy for upper GI bleeding (esophageal varices)

2-the characteristic feature of this condition is that it is ??

enlarge tortuous esophageal veins

3-write down 2 of the clinical findings you might find while examining the patient

Pale tachycardia and hypotension from UGIB

Jaundice astrexia ascites cuput medusa from portal HTN

4- 2 ways of managing this condition?

Initial resuscitation

Esophageal balloon temponade

Endoscopic sclerotherapy or banding

Drug therapy:vassopressin ,octreotide

هون الاسئله ما كان بهاي الصيغه وفيه سؤالين ما حدا متذكرهم ( صعيبين كانوا )



## Q2 . picture of a man with hernia, presented with severe continuous abdominal pain with vomiting and constipation

1- what's the diagnosis?

strangulated hernia

2- two features you will find while examining the patient

Vitals : fever, tachycardia, hypotension

swelling tense irreducible

Cough impulse :negative

Erythema of surrounding skin

Absent of bowel sound

Any scar

3- what can you see in the xray ?

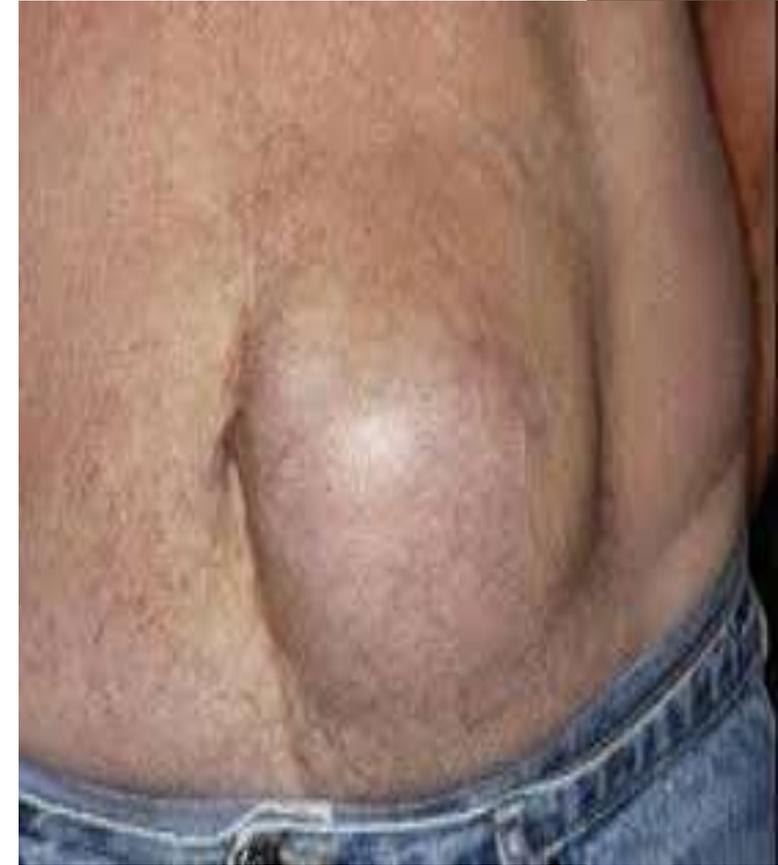
Signs of intestinal obstruction :dilated bowel loop ,air fluid level

4- management?

Admission

Stabilize pt

Emergent operation : relief obstruction, herniorrhaphy or hernioplasty



## Q3 . 57 year old patient come with abdominal pain , nausea and vomiting with empty rectum

1- two findings on the x-ray?

Dilated large bowel loop

Empty rectum

2- two important lab investigations you should ask for?

cbc Wbc leukocytosis , increase hb .PCV

Hypokalemia !!

3- final diagnosis?

Large bowel obstruction

4- write down the most common cause > malignancy بالكبار



# Q4 . neonate with gastroschisis

**Write down 4 of the characteristic features of this condition**

**1 defect in ant. Abd wall through which intestinal content protrude freely**

**2 periumbilical**

**3 rarely associated with other congenital anomaly**

**4 content :intestine 100%**



# Q5 . 3rd degree burn

1- what degree is this burn?

**3rd degree burn**

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

**1-presence of blisters in deep partial thickness**

**2-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**



**Surgery Mini-OSCE exam**  
**4<sup>th</sup> year 2<sup>nd</sup> semester – 2019/2020**

Q1) Treatment of this lesion is .



- a. Antibiotics .
- b. Warm SitzBaths .
- c. Incision and drainage .**
- d. Analgesic and anti inflammatory Drugs .
- e. Stool softener .

Q2) A- 14 year old girl is brought to your clinic because her mother noticed that both nipples as in the figure without any other symptoms ,The most likely diagnosis is:



- a. Duct ectasia and chronic mastitis
- b. Retro areolar fibroadenoma
- **c. Congenital nipple inversion**
- d. Fat necrosis
- e. Hereditary breast cancer

Q3) One year old infant presented to emergency, Irritable with continuous crying. O/E. Rt.Inguinoscrotal swelling.Oedematous ,tender.and Feverish.No impulse on crying.All the statements of differential diagnosis are true except :-



- a. Strangulated congenital hernia.
- b. Torsion in the undescended testis.
- **c. Primary scrotal hydrocele.**
- d. Inguinal abscess.
- e. Epididymo-orchitis.

Q4) After thyroid surgery , this 26- year old female developed the following sign inflation of a sphygmomanometer above systolic blood pressure for 5 minutes.The patient is best treated with :



- a. Oxygen supplement
- b. Intravenous anticonvulsants
- c. Verapamil infusion
- **d. Calcium gluconate infusion**
- e. Potassium chloride infusion

Q5 ) A-24- year old male involved in RTA as a passenger.What is the sign in the picture?



- a. Battle sign
- **b. Seatbelt sign**
- c. Collin's sign
- d. Dunphy sign
- e. Rovesings sign

Q6) A 70-year old gentleman is brought to the emergency department with a history of abdominal pain, distension, and absolute constipation. He had noticed increased constipation over the last 3 months and had lost weight significantly. Clinical examination reveals a tense and tympanic abdomen. Abdominal X-rays shows a dilated cecum and proximal colon up to the splenic flexure .The most likely cause of this intestinal obstruction is:



- a. Sigmoid volvulus
- b. A strangulated inguinal hernia
- c. Adhesive band
- **d. Colonic cancer**
- e. Fecal impaction

Q7) Midline Neck swelling, Cystic in nature. All the statements are true except:-



- a. Painless fluctuant mass.
- b. Moving up and down with protrusion tongue.
- c. Complicated by sever hemorrhage. ???
- d. The majority are found below the level of thyrohyoid membrane.
- e. Usually filled with mucus secretion.

Q8) A 26 year-old- female presents with palpitations, weight loss, amenorrhea and sleeplessness The patient specific initial evaluation should include:



- **a. Anti thyroid antibodies**
- b. Head and Neck CT scan
- c. Neck and upper chest X-ray
- d. Thyroid ultrasound scan
- e. Neck MRI

Q9) A-65-year old male who is known to have gallbladder stones presented with this sign.The most likely cause is :



- a. Mirrizzi syndrome
- **b. Common bile duct stone**
- c. Gallbladder cancer
- d. Hepatocellular carcinoma
- e. Cholangiocarcinoma

Q10 ) The likely Diagnoses of the above swelling is.



- a. 3rd Degree Hemorrhoid.
- b. Prolapsed Piles .
- c. Thrombosed Hemorrhoid.
- **d. Perianal abscess.**
- e. Pilonidal abscess

Q11 ) 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

Q12) 14 year old girl is brought to your clinic because her mother noticed that both nipples as in the figure without any other symptoms .The most appropriate next step is:



- a. Breast ultrasound scanning
- b. Mammography
- c. Breast MRI
- d. Genetic testing for BRCA1 and BRCA2 mutations
- e. Reassurance and send home

Q13 ) Midline Neck swelling, Cystic in nature. All the statements regarding to the above swelling are true Except:-



- a. Malignant degeneration described if the excision performed at the adulthood.
- b. Can cause respiratory distress if not excised.
- c. Sistrunk procedure is the operation of choice.
- d. Fistula may develop after infection.
- e. Differentiated from ectopic thyroid.

Q14 ) A 26 year-old- female presents with palpitations, weight loss, amenorrhea and sleeplessness, The most likely diagnosis is:



- a. Toxic multinodular goiter
- b. Toxic thyroid nodule
- c. Hashimoto's thyroiditis
- **d. Grave's disease**
- e. Follicular thyroid carcinoma

Q15 ) A 70-year old gentleman is brought to the emergency department with a history of abdominal pain, distension, and absolute constipation. He had noticed increased constipation over the last 3 months and had lost weight significantly. Clinical examination reveals a tense and tympanic abdomen. Abdominal X-rays shows a dilated cecum and proximal colon up to the splenic flexure. The next most appropriate step is:



- a. Immediate exploratory laparotomy
- b. CT scan of the abdomen and pelvis with IV and oral contrast
- c. Total colonoscopy
- d. Gastrografin enema
- e. Hartman's procedure

Q16 ) A-65-year old male who is known to have gallbladder stones presented with this sign, The most efficient diagnostic and therapeutic modality in this case is:



- a. Liver , gallbladder and hepatic ducts ultrasound scanning
- b. Magnetic resonance imaging of the biliary system
- **c. Endoscopic retrograde cholangiopancreatography**
- d. CT scan of the abdomen
- e. Percutaneous transhepatic cholangiopancreatography

Q17 ) One year old infant presented to emergency, Irritable with continuous crying.O/E. Rt.Inguinoscrotal swelling.Oedematous , tender and Feverish. No impulse on crying.Which is the best action to be taken:-



- a. WBC for blood test.
- b. X-ray abdomen and groin.
- **c. Ultra sound Doppler.**
- d. Needle aspirate for diagnosis and culture.
- e. Elevate the scrotum with IV antibiotic.

Q18 ) After thyroid surgery , this 26- year old female developed the following sign inflation of a sphygmomanometer above systolic blood pressure for 5 minutes ,The patient clinical manifestation can include all of the following except:



- a. Stridor
- b. Convulsions
- c. Cardiac arrhythmias
- d. Diarrhea
- e. Blurred vision

Q19 ) 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

Q20 ) A-24- year old male involved in RTA as a passenger. Physical examination of the previous patient is unlikely to show:



- a. Rigid abdomen
- b. Low blood pressure
- **c. Hyperactive bowel sounds**
- d. Thready pulse
- e. Rebound tenderness over the abdominal wall

# **Surgery Mini-OSCE exam**

## **6<sup>th</sup> year – 8/6/2020**

Done by :

Ibrahim Ghayyadah

Tariq Abu-lebdeh

1. A 40 year old male patient was presented with recurrent painless purulent .....procedure were done the procedure that was done for this patient

a. Fistulotomy

b. Fistuloectomy

c. Seton placement for high fistula

d. Advancement mucosal flap

e. Injection of glue



2. A 40 year old male patient was presented with recurrent painless purulent perianal discharge. examination under general anesthesia and the shown procedure were done .

arrows labeled A and B refers to:

- a. Anoscope and fistula probe
- b. Probe and glue
- c. Hemorrhoids and external opening
- d. Sigmoid scope and external opening
- e. Anal plug and glue



3. A 60 year old male patient was this ulcer as seen in this photo.the most helpful diagnostic aid is:

- a. Blood suger
- b. Arterial doppler
- c. X ray leg
- d. c/s
- e. Venous doppler



4. A 60 year old male patient was this ulcer as seen in this photo.the following treatment steps are helpful exc...

a. Rest in bed

b. Bed foot elevation

c. Sclerotherapy

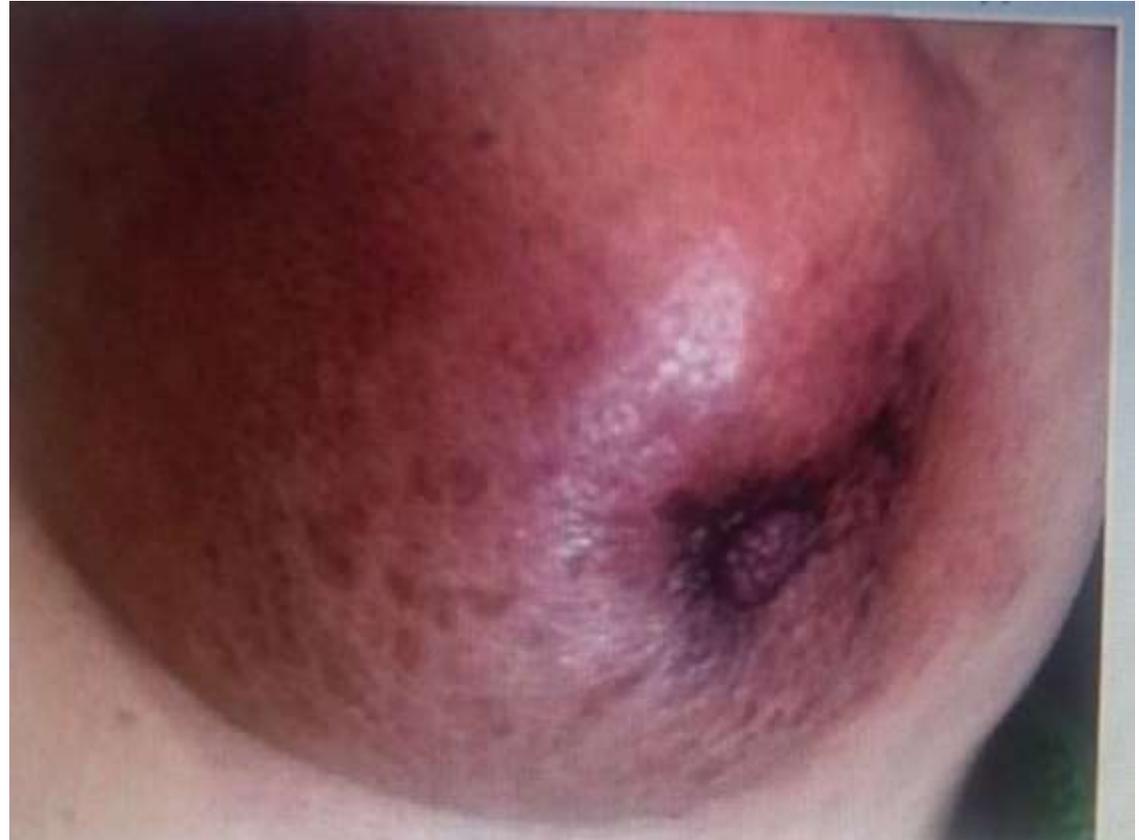
d. Treating incompetent perforators

e. Skin graft



5. This image is for 60 years old female patient what type of breast .....

- a. Infiltrating ductal carcinoma
- b. Infiltrating lobular carcinoma
- c. Mucinous carcinoma
- d. Inflammatory breast carcinoma**
- e. Paget disease of the nipple



6. This image is for 60 years old female patient among the following .....

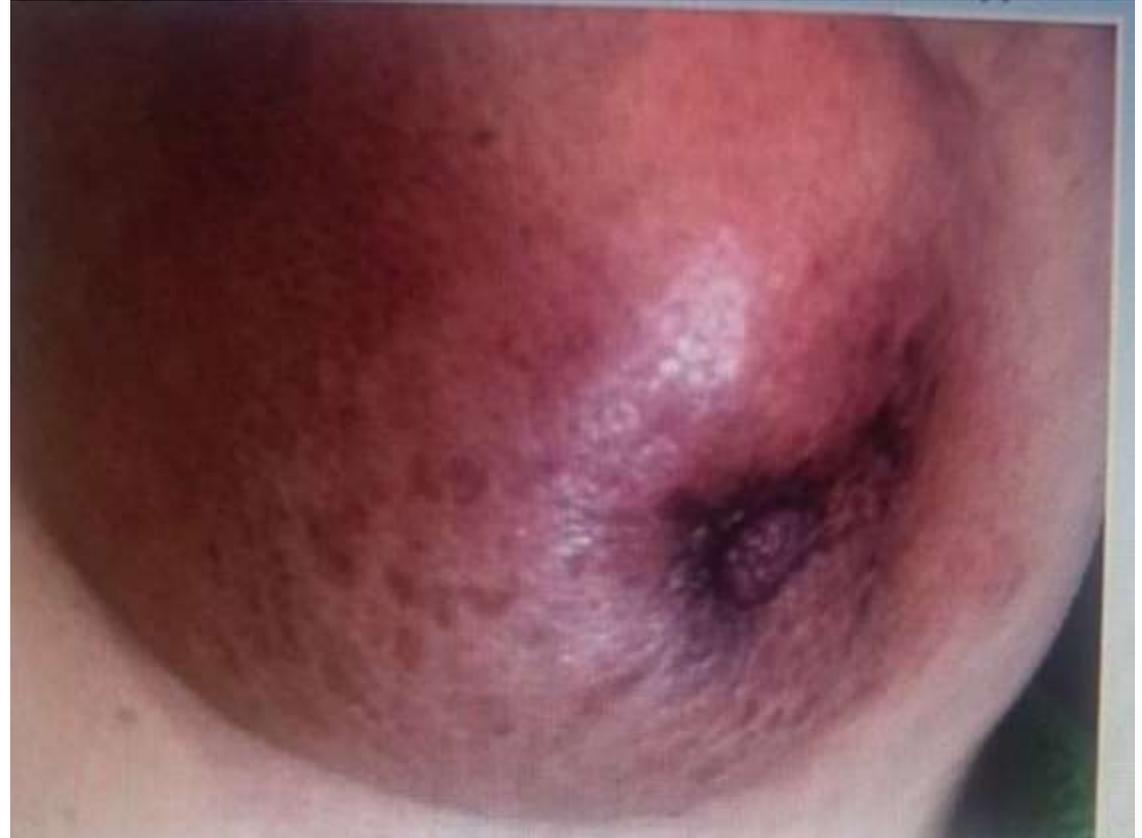
a. Ultra sound breast

b. Mammogram breast

c. Breast skin biopsy

d. fine needle aspiration cytology

e. Breast MRI



7. All the statements related to the diagnosis are true except:

- a. Flat bottom
- b. Meconium in the urine
- c. Pneumaturia
- d. Mild abdominal distension
- e. Bile stained vomiting



8. The is the best treatment for this age ?

a. Posterosagittal ano recto plasty

b. Perineal approach

c. Full laporatomy and colostomy

**d. Colostomy alone**

e. N/g tube with I.V nutrition before the definite surgery after three months



9. Type of cholangiogram is this :

a.MRCP

b.ERCP

c.Intraoperative cholangiogram

**d.T-tube cholangiogram**

e.Percutaneous cholangiogram



## 10. Main indication for it

- A. Diagnosing possible CBD stricture
- b. Ruling out the presence of cholangiocarcinoma
- c. Detecting the presence of a stone in CBD**
- d. Following biliary tree injury
- e. Done routinely in any old patient with gall bladder stones



# **Serotonin**

# **first Semester**

# **29/12/2020**

**Done By :**

**Hashem Al-Tarawneh**

**Noor Al-Huda Al-Karaki**

**Which of these tests is not important for initial diagnosis**

**A-Isotope**

B-T4

C-TSH

D-Antibodies

E-Neck US

**Which of the following is not important during physical examination:**

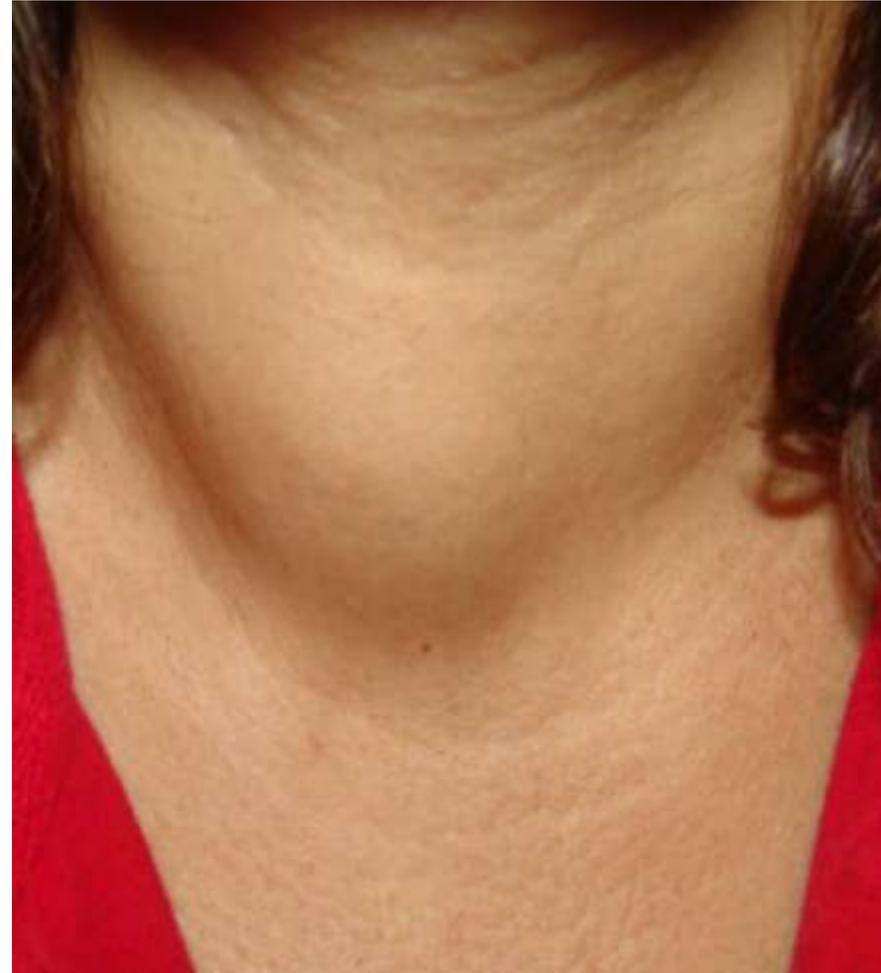
A-Elevation on tongue protrusion

B-Elevation when swallowing water

C-Cervical lymph node enlargement

D-Retrosternal extension

**E-Mouth sores**



A 20 year old man , presents to the ER with left cheek pain and swelling after an assault to the face ?

what is the bone that has a high chance of being broken?

**-Zygoma**

What is the best scan to be used ?

A-MRI

B-US

**C-Computerized tomography(CT)**

D-Panorex

E-plain radiograph



57 Year old man , post-op ,  
presented with this bulge :  
**What is the most likely cause to this  
condition?**

**Incisional hernia**

**Which of these is not a risk factor  
to causing this condition:**

A-Infection

B-Diabetes

C-Steroids

**D-Using non absorbable sutures**

E- Hypoproteinemia



If you were told that this swelling is lymphadenitis, at what level is it?

**Level 2 ( submandibular )**

Which of the following is not among its differential diagnosis

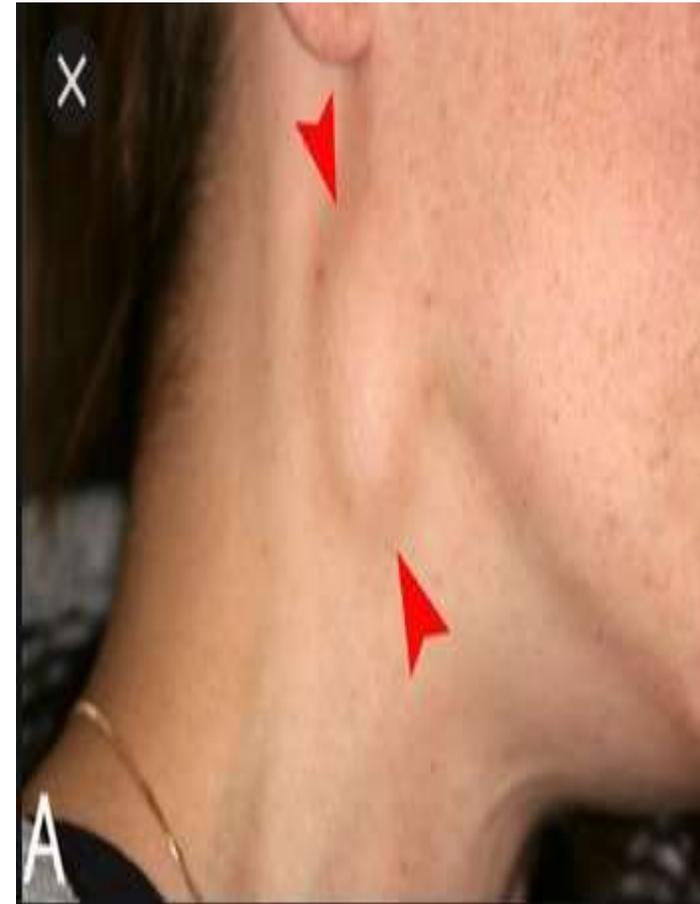
**A-Thyroglossal cyst( found in the midline)**

B-Lipoma

C-carotid body tumor

D-Lymphadenitis

E-Branchial cyst



**63 Year old female , Presented with sudden severe Abdominal pain , with long term NSAID using for Arthritis :**

**Describe the sign that you can see?**

**-Air under the diaphragm**

**What is the surgical procedure to be performed?**

**-Omental patch**



**A patient presented to the ER with atrial fibrillation, hypotension and abdominal pain what is the diagnosis**

**A-Bowel ischemia**

B-Sigmoid volvulus

C-Crohn's disease

D-Colon CA

E-Toxic Megacolon



## What is the diagnosis?

A-Right pneumothorax

B-Haemothorax

C-Lung cancer

**D-Right pneumothorax with upper lobe collapse ( Record)**

E-Lung abscess



**Which of these signs is not present:**

**A-Caput medusa**

- B-Inferior displacement of the umbilicus
- C-Traces of scratching lesions(from itching)
- D-distention
- E- flank fullness

**Which of these can be found during examination:**

- A-Severe tenderness
- B-Abdominal rigidity
- C-Shifting tenderness

**D-Shifting dullness**

- E-Hyperresonance on percussion



**Which of the following is not considered a finding that indicates malignancy:**

A-Microcalcifications

B-A homogenous mass

**C-Low density mass**

D- Skin thickness

E- Architectural distortion

**How is a biopsy taken**

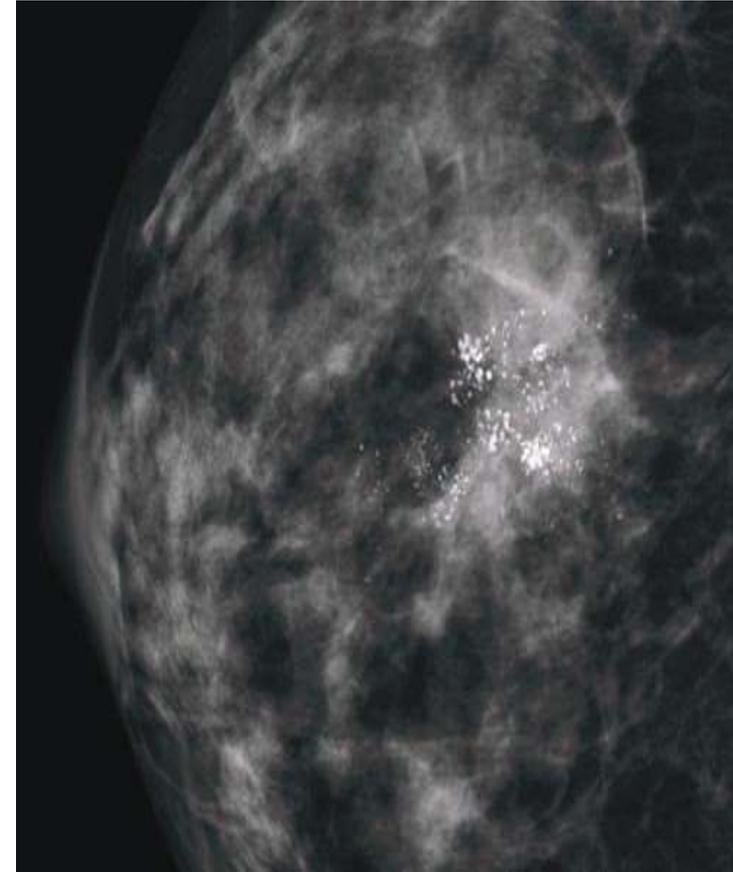
A-U/S guided core biopsy

**b-Wire guided core biopsy**

C-CT

D-FNA

E-Open incision



## What type of stoma is this :

A-End Colostomy

B-Loop ileostomy

**C-End ileostomy**

D-Loop ileostomy

E- Double barrel ileostomy

## What disease indicates this procedure?

**A-Crohn's disease**

B-Ulcerative colitis

C-Colon CA

D-Diverticulosis

E-Bleeding



**What is this test useful for ?**

**Differentiating between direct and indirect inguinal hernias**

**Which of these sites is not useful to determine when trying to do this test?**

A-Pubic tubercle

B-Middle of the inguinal ligament

**C-Middle of the inguinal area**

D-Anterior superior iliac spine

E-Inguinal ligament



Serotonin – surgery  
Mini OSCE exam 2021  
2<sup>ND</sup> semester

What is the diagnosis?

Right pneumothorax .1

Haemothorax .2

Lung cancer .3

Right pneumothorax with  
upper lobe collapse .4

Lung abscess .5



**What is the diagnosis?**

**1.varicosity**

**2.Lipodermatosclerosis**

**3.venous ulcer**

**4.increased venous pressure**

**5. Lipodermatosclerosis + increased venous pressure**

**doctors answer !!!**



Name the nerve in this picture ?

**Saphenous nerve** .1

Deep fibular nerve .2

Tibial nerve .3

Sciatic nerve .4

Common fibular nerve .5

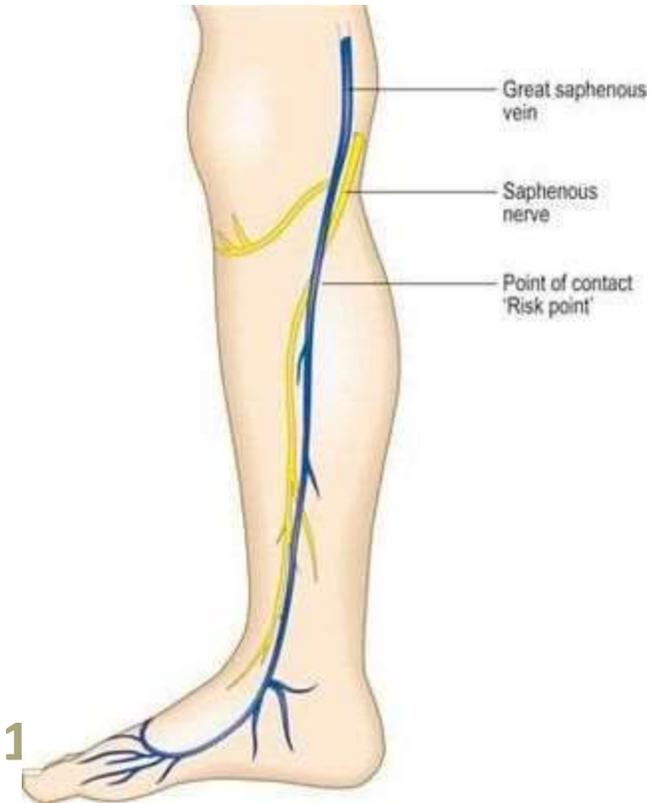
One statment is right about the vein ?

**Originates anterior to the medial malleolus** .1

Originates posterior to medial malleolus .2

Originates from femoral vein on medial  
side of leg .3

Originates anterior to lateral malleolus .4



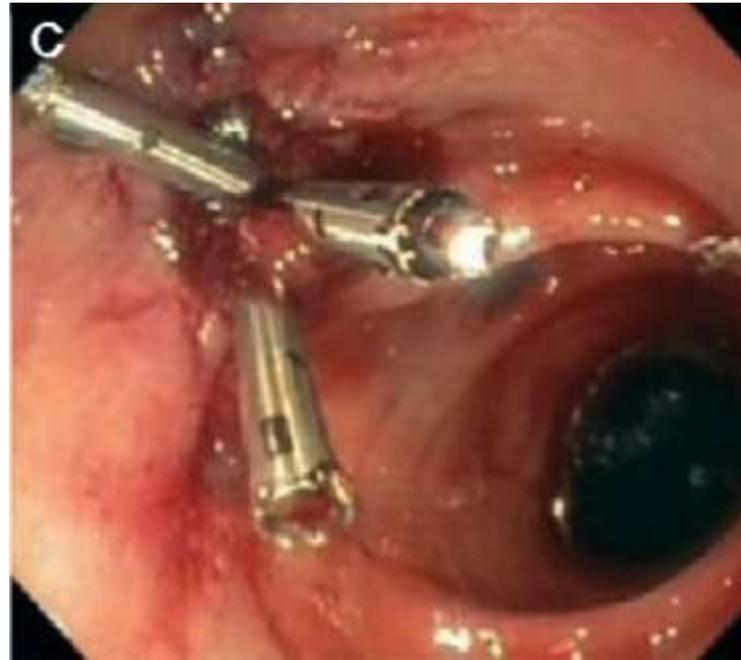
What is the name of this device / part ?

(similar picture)

**Endoscopic hemoclip** .1

Endoscopic stent .2

(Other choices cant remember ) .3



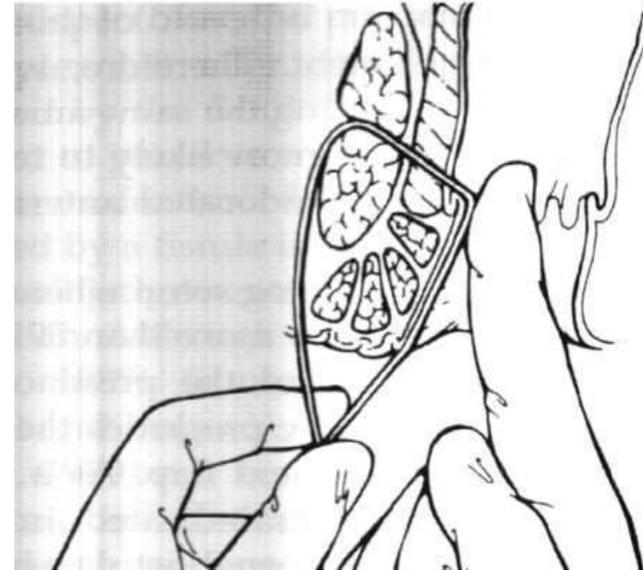
What is the diagnosis of this condition ? (similar picture)

**Fistula in ano** .1

Perianal abcess .2

Anal fissure .3

Third degree hemorrhoids .4



The most likely diagnosis ?

1.BCC

2.SCC

3.Melanoma ?!

the best for diagnosis?

excisional biopsy



**Wrong about this disease?**

**causes poly hydramniotic .1**

**12% of patients have intra .2**

**abdominal calcifications are**

**observed on plain X ray**

**most commonly occurs in .3**

**association with chromosomal  
anomalies ✓**

**occurs due to interruption of the .4  
superior mesenteric blood supply**



**what is the diagnosis:**

**1. duodenal atresia**

**2. jejunoileal atresia**

**3. hirschsprung disease**

The most likely cause behind this presentation ?

Alcohol .1

Mumps .2

ERCP .3

**gallstones** .4



all of the following are initial management in patient with unstable hemodynamics except :

CT scan .1

**Antibiotics** .2

Iv fluids .3

Pancreatic rest .4

Pain control .5

(no one knows the right answer )

A 54 years old lady complaining of breast discharge only , no pain was reported , on P/E a small mass was palpated on the right upper quadrant , she was diagnosed with breast cancer, what gives high suspicion of malignancy among your history and examination?

**1-painless mass**

**2-age**

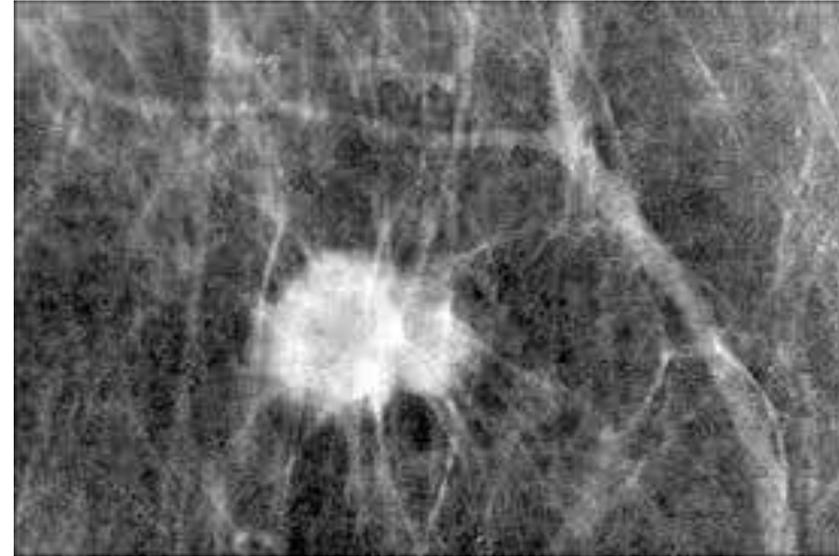
**3-discharge**

What is the sign in the picture that indicate malignancy ?

**1.speculated**

**2.round**

**3. Calcification**



**What is not used in diagnosis of thyroid cancer/or initial investigation in thyroid disease ?**

**1.t3**

**2.thyroglobulin (used for follow up)**

**3.Tsh**

**4.t4**

What is your dx ?

**Diverticulosis** .1

Angiodysplasia .2

CroHns .3

UC .4

Pseudopolyps .5

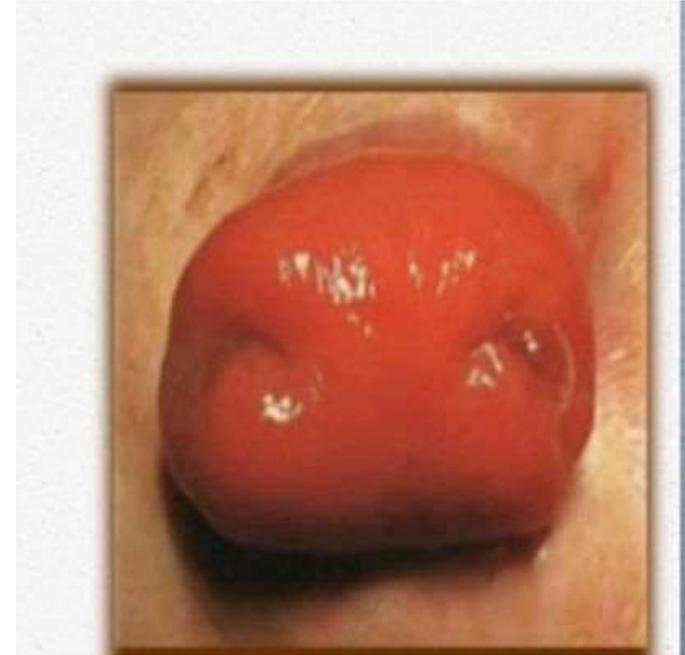


**What is the type of stoma in the picture ?(similar picture but was magnified and not obvious)**

**1.loop ileostomy**

**2.right colostomy**

**3. Double barrled colostomy**



**What is your diagnosis ?**

**Epigastric hernia**

**Herniated scar**

**Colon cancer mass**

**The least important test for this lesion ?!**

**1.fluctuation test**

**2.rebound tenderness**

**3.cough impulse**

**4.consistency**

**5.tenderness**



shutterstock.com · 1625639197

All the following physical findings indicates retrosternal extension of thyroid except ?

**Berry sign** .1

Dullness to percussion in sternal notch .2

Tracheal deviation .3

Pemberton sign Infraclavicular extension of thyroid .4

# Mini –Osce Surgery

## 6<sup>th</sup> year 2021

### form 1

Done by Mahmoud Younes

# Q1

- Parotid gland enlargement
- Most common cause : **viral infection**
- Management : **antibiotic**
- If recurrence ,what is the cause : **autoimmune disease , frey syndrome , stone**
- Nerve may be injuries in surgery : **facial**
- Mention one complication after surgery : **infection / facial palsy**



# Q2

- Peptic ulcer perforation
- In this patient Mention one finding in history /abd examination /auscultation
- Mention three methods of treatment



# Q3

- Small bowel obstruction
- Most common cause
- Tow lab investigation
- Tow initial management



# Q4

- Chest tube
- Mention three indication
- Mention typical site for it
- How to confirm that tube is working ??
- Mention one complication



# Q5

- Gold standered method for diagnosis : **excisional biopsy**
- Routes of spread : **lymphatic / local**



# Mini-OSCE

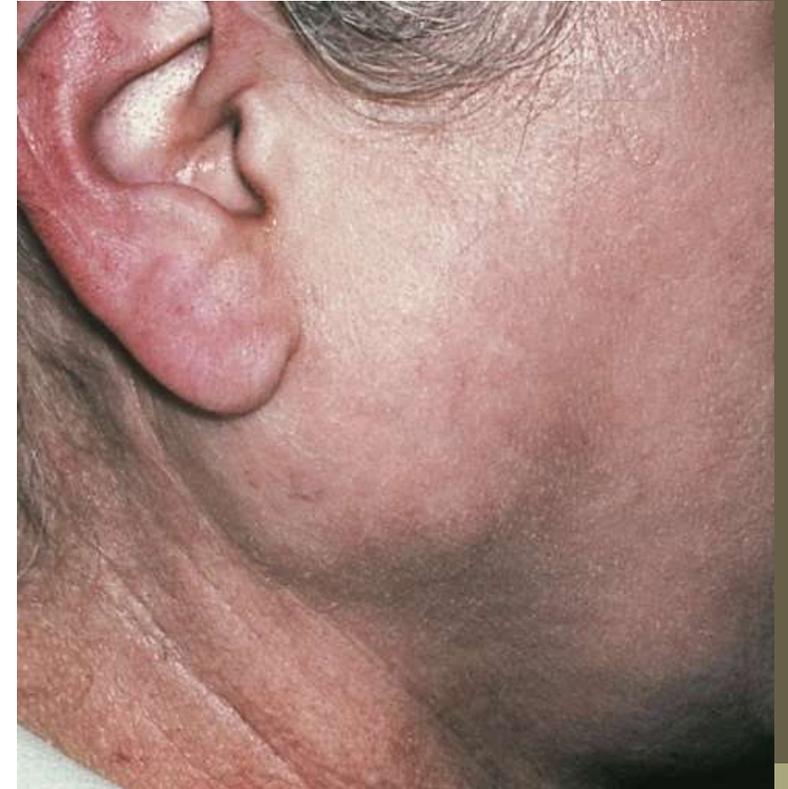
## 6<sup>th</sup> year \ 2<sup>nd</sup> form

### 15-6-2021

Done by: Abdulrahman Alwardat, Abdullah Gumander

# Q1

- What is the most common malignant tumor in this gland?
  - Mucoepidermoid
- What is the name of the duct of this gland?
  - Stenson duct
- How to manage this tumor?
  - total parotidectomy with nerve preservation, if one branch is involved → excision of that branch.
- If this gland is infected what we call it?
  - Sialadenitis



# Q2

- What is the exact site of this ulcer?
  - under the first MTP joint, planter surface of right foot
- Mention two modalities of treatment?
  - wound care (frequent dressing), metabolic care (sugar control )



# Q3

- What is your diagnosis?
  - Meckel's diverticulum
- What 2 tissues that it contains?
  - Gastric – Pancreatic
- Mention 2 complications?
  - Bleeding – intussusception



# Q4

- What is your spot diagnosis?
  - SCC
- What is the surgical management?
  - Mohs surgery



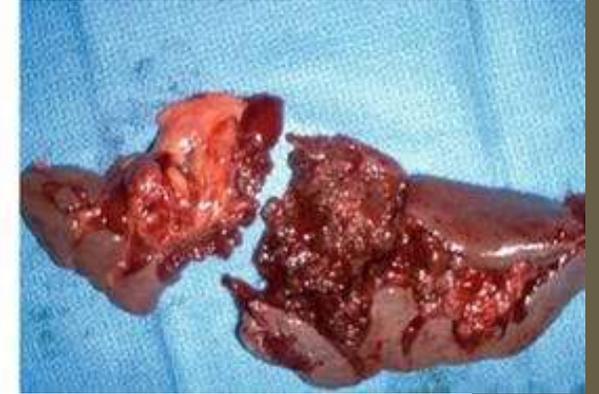
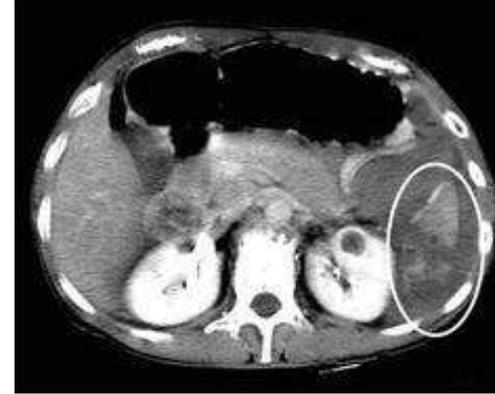
# Q5

- Female patient with history of gallstones
- What's your diagnosis?
  - **Choledocholithiasis**
- If the patient came with chills and fever, what's the diagnosis?
  - **Acute cholangitis**
- Mention two symptoms of obstructed jaundice?
  - **dark urine – clay stools**
- Mention a modality that's used for diagnosis and treatment of this condition?
  - **ERCP**



# Q6

- Hx of trauma
- What's the grade?
  - **Grade V**
- If the patient has left shoulder pain what's the name of this sign?
  - **Kehr sign**
- What's the most important complication of this surgery?
  - **Post-splenectomy overwhelming sepsis**
- What vaccines should be given and when?
  - **Pneumococcal, within 14 days from splenectomy**



Surgery mini-OSCE  
Fourth year 2022- 1<sup>st</sup>  
Semester  
**(wareed)**

1. 47 years old female patient, smoker, came to the clinic with a history of recurrent breast pain, nipple retraction and discharge from the nipple areola complex. The definitive Dx:
  - Mammary duct ectasia with fistula
2. The next step in diagnosis:
  - Breast US



صورة قريبة منها

3. One of the following is not among DDx:

- **Thyroid nodule**
- Dermoid cyst
- Lipoma
- Submental lymph node
- وفيه كمان خيار

في صيغة السؤال كان (بما معناه) فيه  
oral cavity انتفاخ بالـ

4. One statement is wrong:

- **Can be treated with sistrunk procedure.**
- Can be a result of trauma.
- Might be a true cyst.
- Could be pseudocyst.

Pulging ranula



5. What is the diagnosis?
  - **Bowel Ischemia**
6. What is the affected vessel?
  - **Superior mesenteric artery**

## **Power Review: Mesenteric Ischemia**



7. 70 years old female patient, bedridden with an ulcer in the lumbar region. What is the Dx?
- **Pressure ulcer**
8. What is the management?
- Split thickness graft
  - Full thickness graft
  - Primary intention
  - Secondary intention
  - **Flap reconstruction**

صورة قريبة منها



9. A patient came to the clinic with this presentation, along with tenderness on palpation. What is the diagnosis?

- **Perianal abscess**
- Anal fissure
- وفيه 3 خيارات بس واضح أنهم مش الجواب

10. what is the managemet?

- **Incision and drainage**



11. The device is inserted into which vessel?

- **Internal jugular vein**
- Subclavian vein
- Subclavian artery



12. Name this sign?

- **Obturator sign**
- Psoas sign
- Rovsing sign



13. Pain in the junction between the nail and skin of the nail bed. What is the diagnosis?

- Felon
- Hidradenitis suppurativa
- Ingrown nail
- Paronychia



14. What is the diagnosis?

- Epidural hematoma
- Subdural hematoma
- Brain tumor
- Extradural hematoma



15. **What is the diagnosis?**

- Squamous cell carcinoma
- Basal cell carcinoma
- Pleomorphic adenoma
- وخيارين بعيادات عن الجواب

16. **Gold standard diagnostic method for this case is:**

- Incisional biopsy
- Excisional biopsy
- Head and neck CT
- Soft tissue MRI
- FNA

مش متاكدين من الاجابات

15. SCC

16. Incisional biopsy

صورة قريبة منها بس

More aggressive- looking

من برا



17. All are wrong about cricothyrotomy except: ???
- Can be done percutaneously
  - Safe and life-saving procedure
  - Thyroid isthmus should be pressed down during the procedure.
  - Contraindicated in patients with heart disease.
18. True about cricothyrotomy: ???
- Indication in head injury
  - You should be careful not to injure important vessels
  - The incision is done between cricoid cartilage and 1<sup>st</sup> tracheal ring
  - وفيه كمان خيارين

صورة قريبة منها



19. One of the following is wrong:
- Epididymo-orchitis should be among your ddx.
  - **You can manipulate reduction of strangulated hernia by taxis.**
  - Acute rupture of hydatid cyst of Morgagni produces scrotal pain
20. One of the following shouldn't be in your line of management:
- **Antibiotics and observation**



# OSCE

- بتدخل على 2 stations كل وحدة مدتها 5 دقائق  
وحدة orally-oriented history ووحدة physical exam

- History:
  - 50 years old male patient chiefly complaining of repeated vomiting.
  - 57 years old female patient presented with left breast lump
  - Baby presented to you with vomiting (with an x-ray of double bubble sign for duodenal atresia)  
(He asked about other causes of intestinal obstruction)
  - Patient came with Jaundice, take a full history from him
  - Plastic: history of Burn and Basal cell carcinoma

- Physical Examination:
  - Abdominal Exam: Shifting Dullness, Rovsing sign, Murphy sign, deep ring obliteration test (occlusive test)
  - Examine the hands and eyes for thyroid.
  - Examine a male patient with chronic lower limb ischemia

# mini osce 2022

4<sup>TH</sup> YEAR – 2<sup>ND</sup> SEMESTER

Patient suffer from massive upper GI bleeding for second time.

Q1) The cause of bleeding :

a. **Esophageal varices**

Q2) all of these are choice of management except ?

a. Sengstaken- Blakemore tube

b. **Resuscitation and stop spontaneously**

c. renal splenic shunt

d. Portosystemic shunt



Patient with more than 100 polyp ...

3) Percentage for risk of malignancy is :

a) 80%

**b) 100%**

c) 50%

4) Involved gene :

**a) APC gene**

b) P53 gene



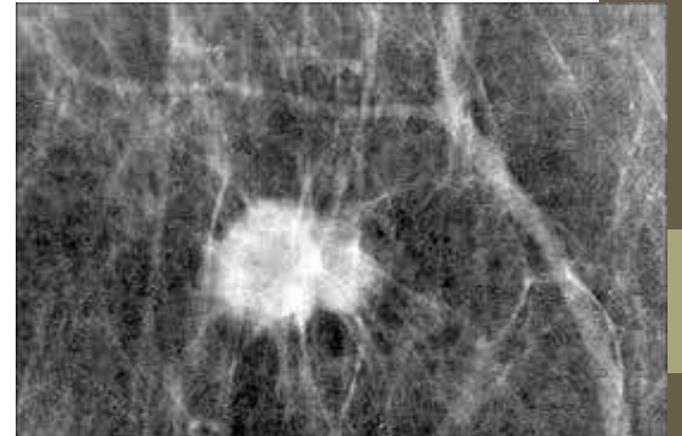
- A 54 years old lady complaining of breast discharge only , no pain was reported , on P/E a small mass was palpated on the right upper quadrant , she was diagnosed with breast cancer.

Q5) what gives high suspicion of malignancy among your history and examination?

- a) **Painless mass** إجابة الدكتور
- b) Age
- c) Discharge

Q6) What is the sign in the picture that indicate malignancy ?

- a. **Speculated**
- b. Round
- c. Macrocalcification



Patient presented with tender, tense mass left to umbilicus, it has a lower median scar :

Q7: All of these finding can patient presented with it except :

Distended abdomen (A)

**RLQ opaque shadow on X-ray** (B)

Q8: Management :

**A) Emergency surgery after resuscitation**



**9) What is this test useful for ?**

**A) Differentiating between direct and indirect inguinal hernias**

B) Differentiating between inguinal hernia and femoral

**10) Which of these sites is not useful to determine when trying to do this test?**

A-Pubic tubercle

B-Middle of the inguinal ligament

**C-Middle of the inguinal area**

D-Anterior superior iliac spine

E-Inguinal ligament



## 11) The initial pathologic change ..

- A) Lower esophageal sphincter hypertension
- B) Relaxation of body of esophagus
- C)
- D)

## 12) True statement :

- a. Chest pain and regurgitation are the most common symptoms
- b. This condition is associated with 20% of adenocarcinoma
- c. Manometer show no relaxation of LES during swallowing and weakness of peristalsis**
- d. Injection of botulinum toxin, pneumatic dilation and esophageal myotomy
- e. This condition is more than GERD



- A 20 year old man , presents to the ER with left cheek pain and swelling after an assault to the face.

13) what is the bone that has a high chance of being broken?

**A) Zygoma**

14) What is the best scan to be used ?

A- MRI

B- US

**C- Computerized tomography(CT)**

D- Panorex

E- plain radiograph



## 15) Spot diagnosis :

a) SCC

b) BCS

**c) Malignant melanoma**



A 60 year old male patient was this ulcer as seen in this photo.

**Q17) the most helpful diagnostic aid is:**

- a. Blood suger
- b. Arterial doppler
- c. X ray leg
- d. c/s
- e. Venous doppler**

**Q18) Type of ulcer is :**

- a) Ischemic ulcer
- b) Diabetic ulcer
- c) Venous ulcer**



- **Low grade of anorectal malformation :**

**Q19) One of these does not a diagnosis:**

- a. Flat bottom
- b. Meconium in the urine
- c. Pneumaturia
- d. Mild abdominal distension
- e. Bile-stained vomiting

**Q20) All statement are true except :**

- a. Treated by PSARP
- b. Rectovestibular fistula in female
- c. Bucket handle anomalies
- d. Gases can pass the pubococcygeal line
- e. Recto vesical fistula



# Mini OSCE

6<sup>th</sup> year

2022 ( watan )

# Q1

- 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**

The exam pic was similar to those pictures



# Q2

- Diverticulosis with massive hemorrhage
- Initial Management ? **Iv resuscitation**
- Surgical mx ? **Hartman procedure**
- If the site of bleeding cant be localized what other modality can be used ? **Tecnicium 99 , Angiogram**

# Q3

Name this study ? T tube cholangio

- 4 findings ? Dilated common bile duct , dilated intrahepatic duct , filling defect in the CBD ( stone) ,
- Other modalities can be used to show biliary tract ?

ERCP , MRCP , HIDA

# Q4

- Neck mass with palpitation mention 2 dd x ? Graves , goiter
- 2 findings in the pic ? Exophthalmus , lid retraction



# Q5

- Hypertrophic pyloric stenosis
- Surgery ? Pyloromyotomy ( ramstedt procedure )
- U/S diagnostic criteria : length > 16mm , wall thickness > 3 mm
- Cardinal clinical feature :

non bilious vomiting become projectile with time

# Mini OSCE

4<sup>th</sup> year

2023 (Nabed, 1<sup>st</sup> semester)

# Q1

**29 y/o healthy male with history of recurrent vomiting, colicky pain 2 days prior to admission, and surgical history of appendectomy 2 years ago, according to his history and x-ray:**

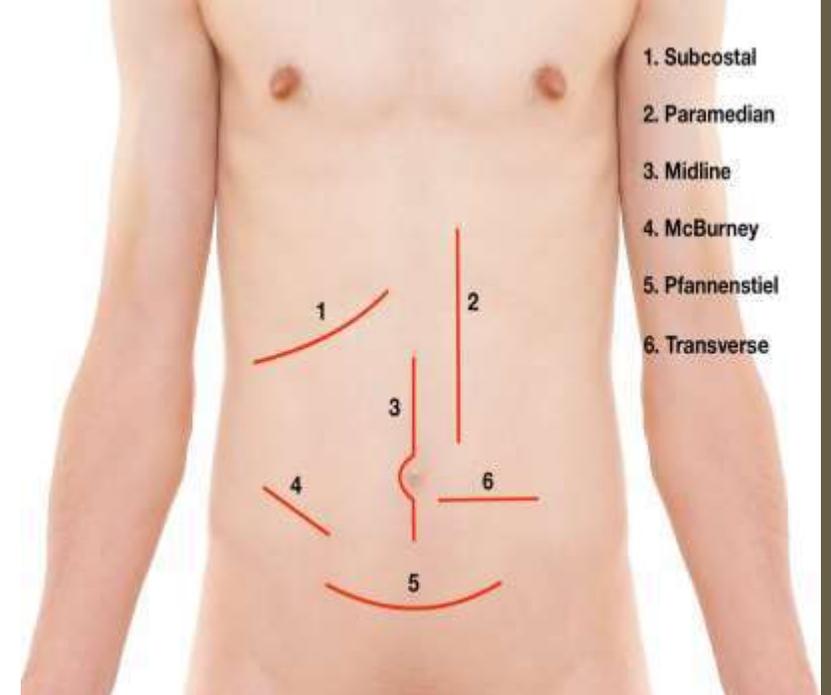
- A) Diagnosis?
- B) Most common cause?
- C) X-ray image show which part of intestine?!
- D) Name the findings of x-ray.



# Q2

A) Name the pointed surgical incision: 12346

B) Mention 3 characteristics of ideal incision.



# Q3

**Failure of omphalomesenteric duct to regression.**

**A) Diagnosis**

**B) Mention 3 clinical presentations:**



# Q4

A) Type?

B) Indication?

C) 2 Complications:

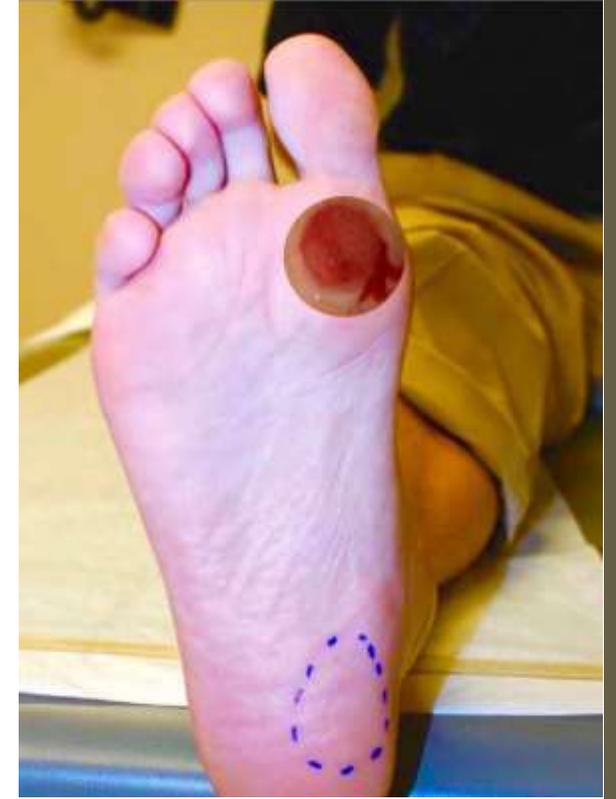


# Q5

A) Site? **Right leg, plantar surface, below 1<sup>st</sup> MTP joint**

B) Floor is? **Granulation tissue (healty)**

C) Two modalities of treatment:



هاي أقرب صورة قدرت أعملها ☺

# OSCE:

## **Hx:**

Epigastric pain (ddx: perforated PU) + first radiological modality to do,  
Hx of hematemesis (PU)

## **P/E:**

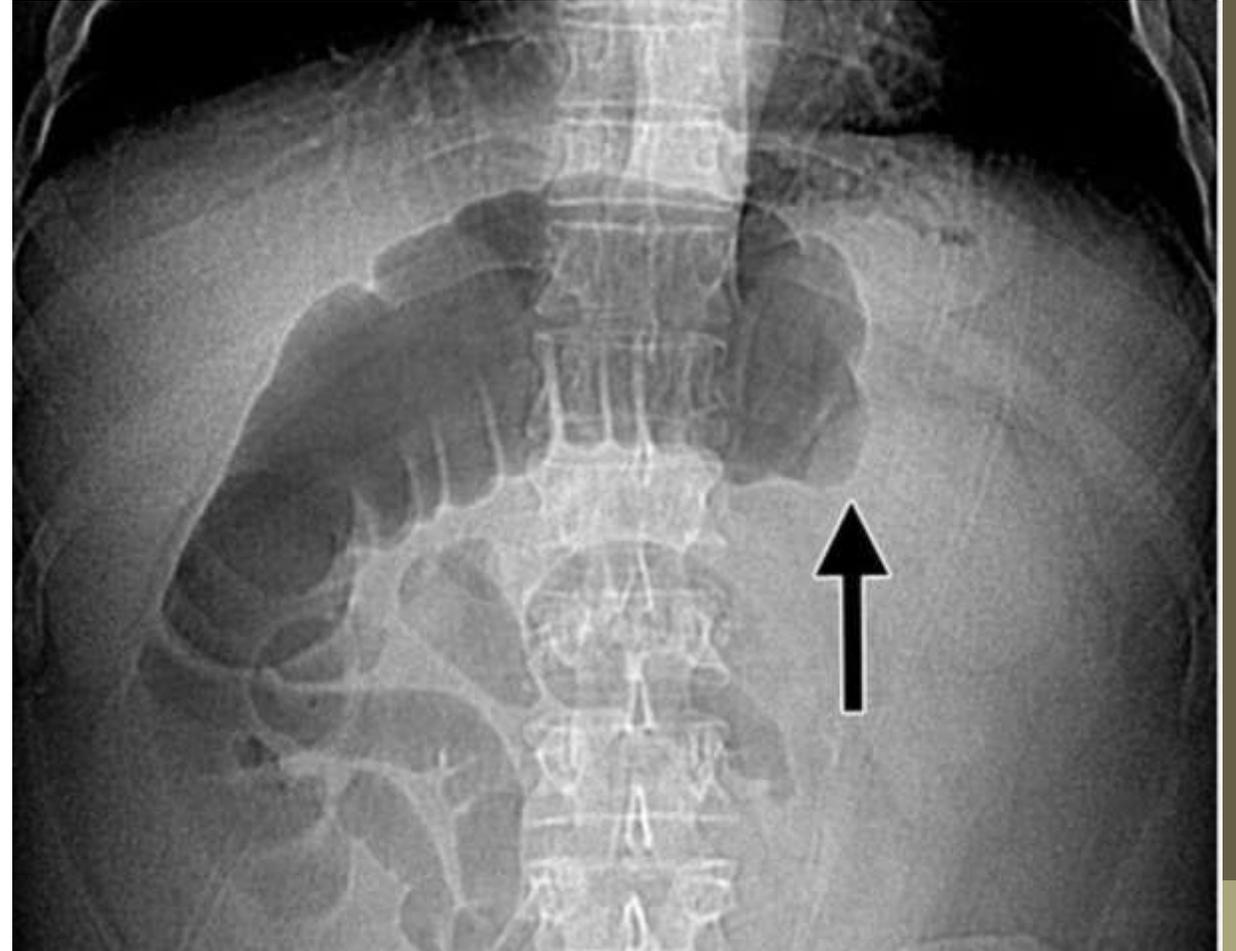
Splenomegaly + ascites,  
Appendicitis (all signs),  
Superficial palpation of abdomen + auscultation.

# Mini- OSCE

4<sup>th</sup> Year: Nabed/ 2<sup>nd</sup> semester 2023

- Q1 62 years old male patient present with abdominal pain and constipation.... With this x ray

- 1-what is the diagnosis? Large intestinal obstruction
- 2- mention 2 finding in this image ?
- 1-dilated bowel loop 2- air fluid level 3-haustra
- 3-What is finding on percussion? hyperresonance
- 4- what is the probable cause in this patient ? Colorectal cancer



Q2

1 What is the surgical procedure?

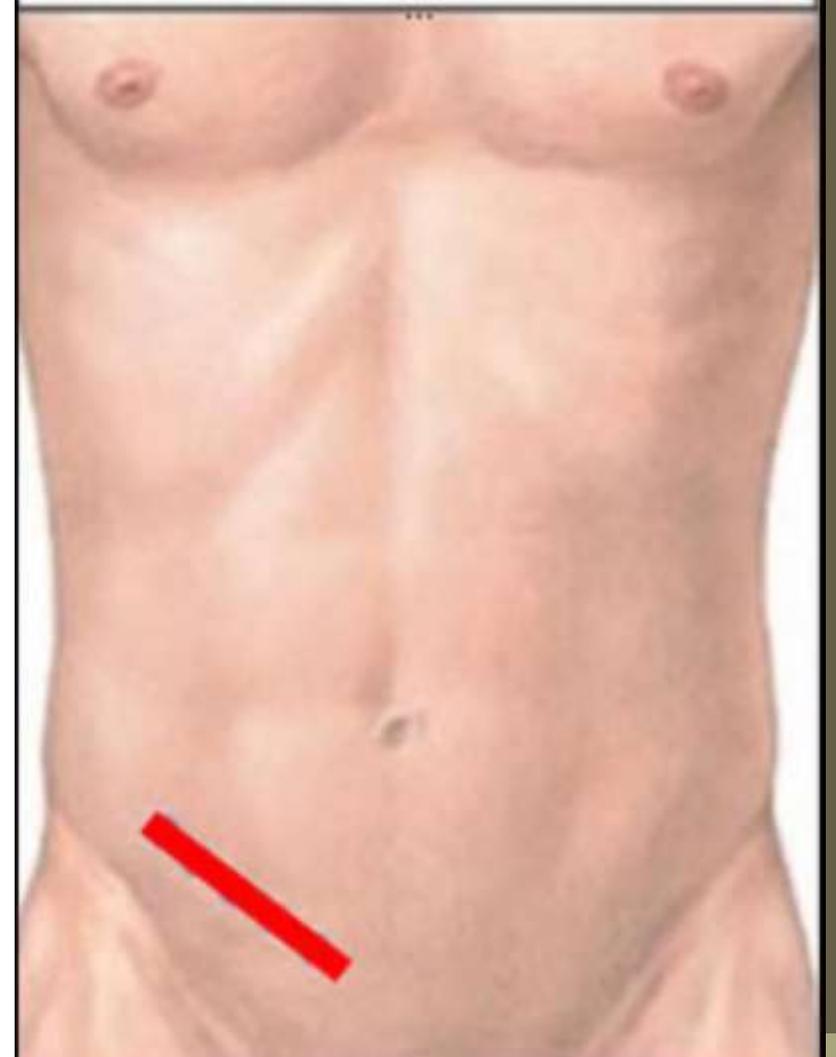
Appendectomy

2 what is the earliest complication after this surgery? Wound infection

3 the layers that are incised in this incision are skin then

1- camper fascia and. 2- scarpa fascia. 3-external oblique muscle. 4-internal oblique muscle. 5- transversus abdominis

6-transversalis fascia



Q3

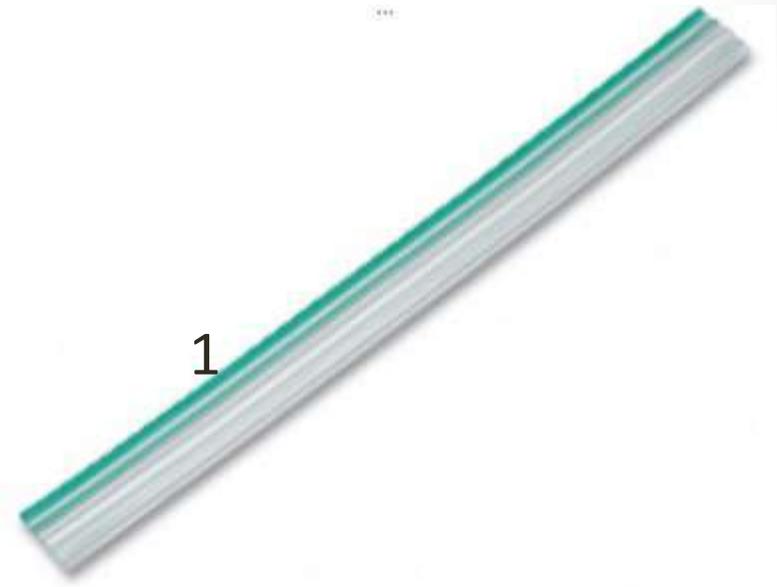
1-Name this drains

1-corrugated drain

2-penroze drain

2- Mention 2 indication for use of them

1- drain of abscess 2- after surgery 3-  
hemothorax



Q 4 :

1 What is the diagnosis?

Achalasia

2 what is surgical treatment?

Heller myotomy

3 What is the type of barium study?

Barium swallow



Q5

1 what is the diagnosis ?

Intussuseption

2 What is nature of stool in this case ?

Redcurrant jelly stool

3 In physical examination ,, what is the appearance of mass in palpation ?

Sausage like mass



Wateen 1<sup>st</sup> semester  
(2023-2024)  
Mini – OSCE

الإجابات مو اكيده

# Female with device after knee operation :

A. What is the name of this device ? .A

Redivac

B. What is the characters of this device?

1. ...closed... 2. ...active...

C. What is the content of the device ?

Fluids from body , blood post-op ...



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

Split thickness skin graft

B. What is the method/type of healing ?

granulation

C. What the source of blood supply for .C  
this graft in the first day ?

From resident ?

D. Give one disadvantage for this type ?

No blood supply from the source



## 47 years old female patient with breast disease :

A. spot diagnosis ?

paget disease **الدكتور حكي**

B. defective investigation ?

**Mammogram**

C. stage by TNM ?

?

D. if get cancer , what type of carcinoma ?

**Invasive ductal carcinoma**



**مش نفس الصورة**

# : Neonate with this defect , full term , with CS ..

what's the most common complications?

rupture

B. two syndromes associated with i

1. BWS
2. pentalogy of cant

C. two procedures for closure/ treatment

1. primary closure
2. delayed primary closure

D. when to do emergency surgery



A. cause of bleeding in photo A ? .A

low fiber diet , constipation

B. One more complication ?

Perforation

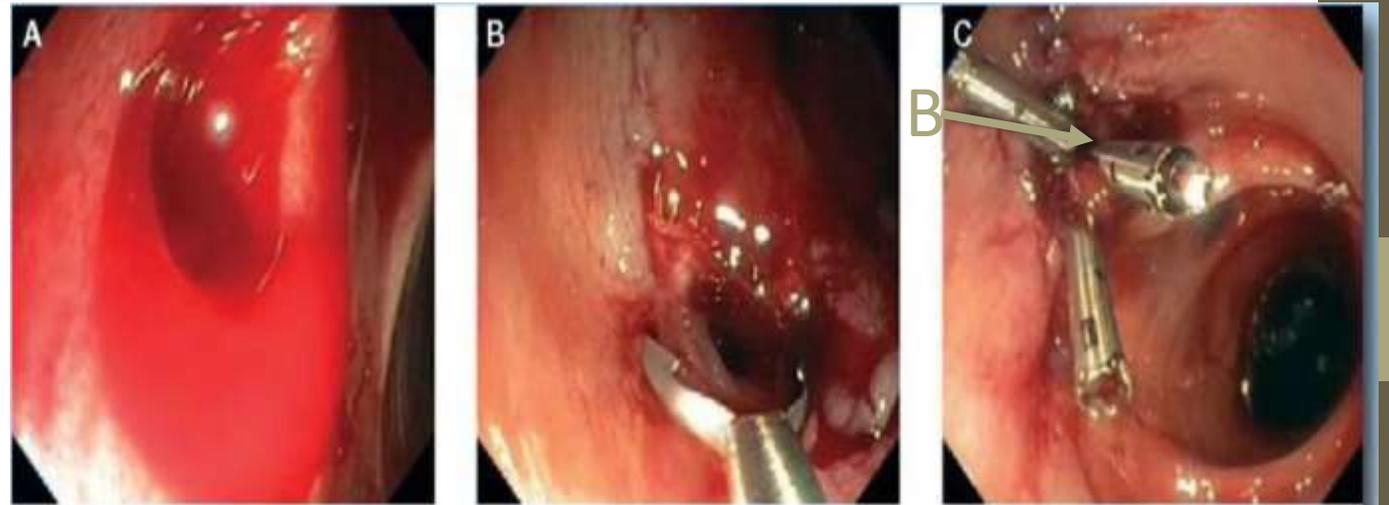
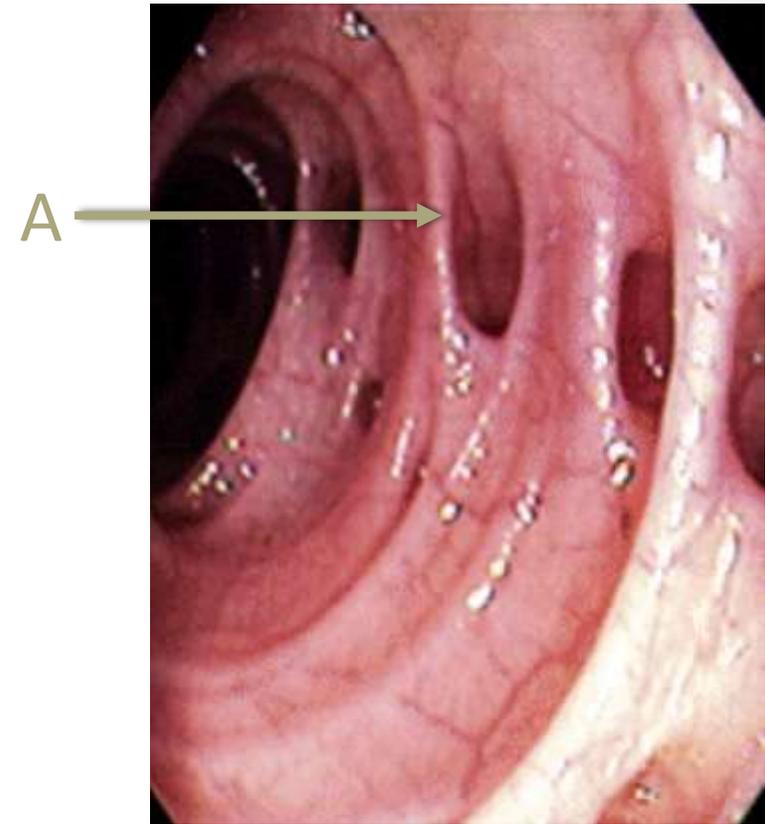
C. method of stop bleeding in the photo B ?

Endoscopic hemoclip

D. if it's massive bleeding and can't identify the source what's the management ?

:: عليه اختلاف

Laprotomy or Hartmann procedure



Wateen 1<sup>st</sup> semester  
(2023-2024)  
OSCE

2 sessions :

1

Hx : Constipation

PE : thyroid

Pediatric : intussusception

!?! □

2

- Hx : Dysphagia

- PE : Examination of liver Percussion and Palpation

- Pediatric : Imperforated anus

!?! □ هذول اسئلة الاطفال بالاوزكي

شو نسأل الأم ونعرف منها

- Causes : pre-natal , during labour , post-natal

- Management

- Imaging : echocardiogram

- Congenital anomalies : VACTREL

- most common anomaly in VACTREL ? Cardio

- What we do to check for any anomaly for VACTREL ? X-ray for vertebrae

- Type of colostomy

وآخر دعواتهم ان الحمد

لله رب العالمين



الطبيب والجراحة



لجنته

# Surgery Mini-OSCE

## Wareed 6<sup>th</sup> year

# Pediatric Surgery

## picture of ARM , no anus male baby

- ❖ If this was a female what is the most common fistula type :
  - rectovestibular
- ❖ most common fistula type associated with VACTERL :
  - rectovesical
- ❖ diagnostic test :
  - distal colostogram



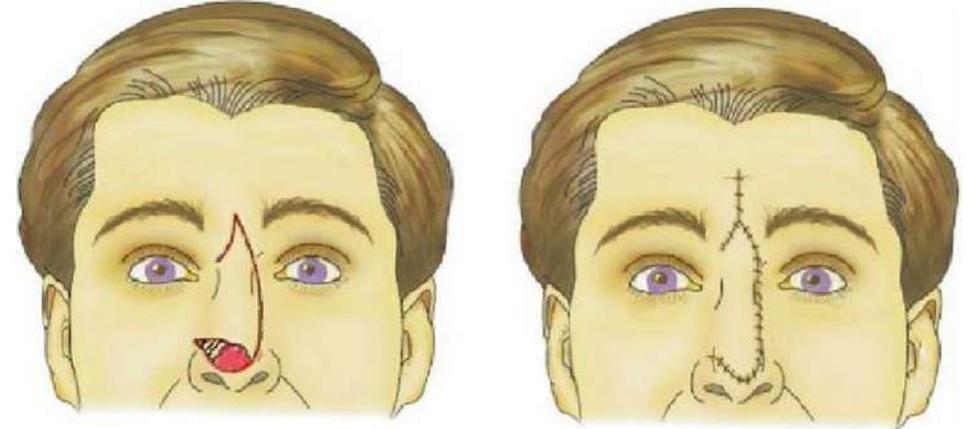
Source: Richard P. Usatine, Mindy Ann Smith, Heidi S. Chumley, Camille Sabella, E.J. Mayeaux, Jr., Elumalai Appachi: *The Color Atlas of Pediatrics*: [www.accesspediatrics.com](http://www.accesspediatrics.com)  
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# Plastic Surgery

صورة الأمتحان قريبة كثير لهذول

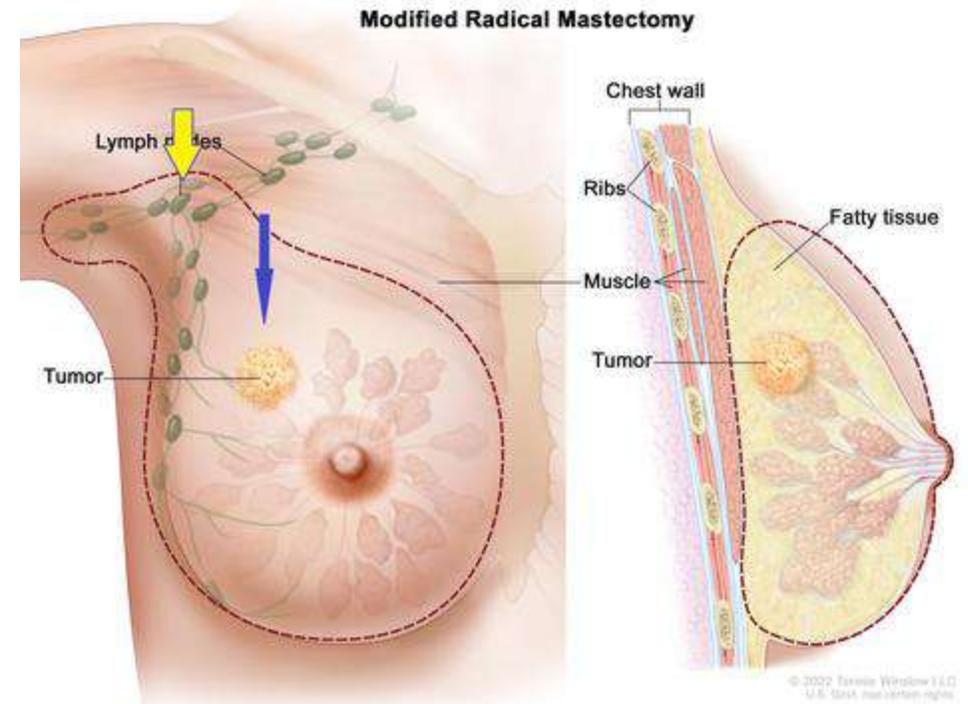
## Flap question

- ❖ What is the advantage of using flap ?
- ❖ What type ?



# General Surgery

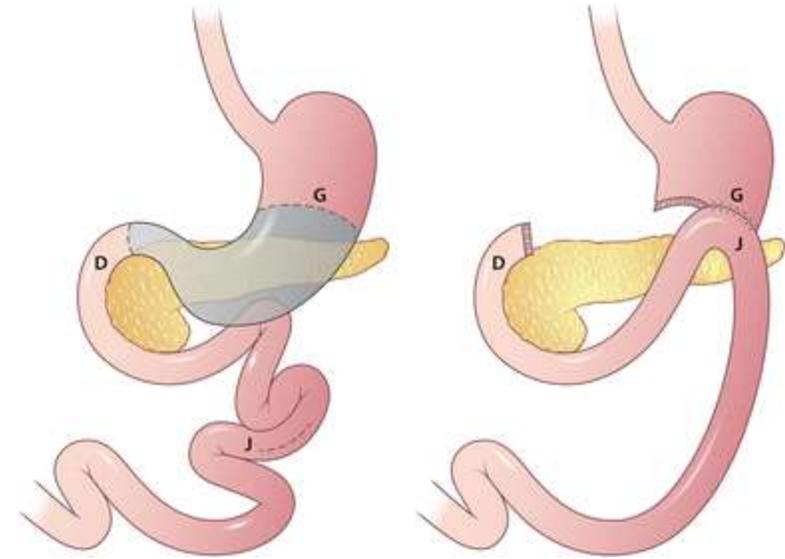
- ❖ What is triple assessment?
- ❖ Mention the name of the surgery marked with a pen?
  - Modified radical mastectomy
  - (a dot on the central lymphnode)
- ❖ Mention the name of the highlighted structure?
  - Central lymph-node (sentinel lymph-node biopsy)
- ❖ Name one complication of axillary nodes dissection?
  - Lymphedema



هذه اقرب صورة قدرنا نلاقيها لصورة الإمتحان

# General Surgery

- ❖ What is the type of surgery:
  - Bilroth 2 ,
- ❖ What is the anastomosis
  - Gastrojejunostomy
- ❖ How to prevent dumping ?
  - convert to roux-en Y



# General Surgery

## Patient with DM, HbA1C 13

- ❖ Top differential diagnosis?
  - necrotizing fasciitis
- ❖ Main step in management?
- ❖ Complications if not managed properly?
- ❖ Name of drain and the type of it?



- Wateen mini osce 2<sup>nd</sup> semester

What is the drain seen in the photo

Chest tube

What is the character of the drain

Closed passive under water sealed

سؤال الامتحان كان passive

What does the bubbles in the photo indicate?

How to know the drain is functioning or not

Indication of air leak from major bronchial injury

How to know: Bilateral chest movement and stabilization of pt,  
Fogging of the tube, Bubbling ,Chest Xray



- 14 yrs old female with condition seen in the photo her mother
- Noticed that it's changing in size in the menstrual period
- Ddx
  - Polythelia
- the line that can be found along it is called
  - Milk line
- Management
  - Surgical correction for cosmetic



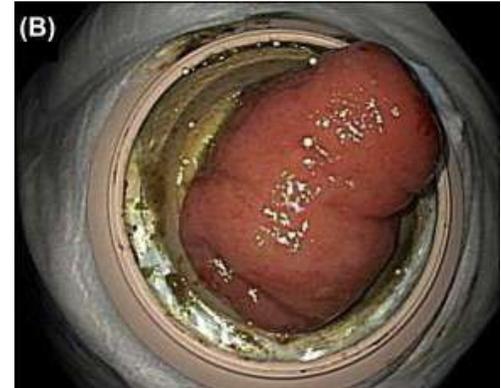
A 10 years old male came with acute scrotal pain absent cremasteric reflex in the left testis

- What is the congenital anomalies leading to this condition
  - Bell clapper anomaly (also, cryptorchidism???)
- Management
  - Orchiectomy with contralateral orchidopexy



- Patient came to ER with 40% burn
- What is the zone that can be recovered by appropriate resuscitation
  - Zone of stasis
- Describe how to give fluid to the patient
  - By parkland formula:  $4\text{ml} * \text{wt} * \% \text{TBSA}$  (half in first 8 hrs, other in next 16hrs )

- Patient have been through low anterior resection and and a bag put it in the right iliac fossa
- Describe what you see in the picture
  - Stoma with two connected opening
- What is the type
  - Loop ileostomy
- Other indication
  - Relieved distal obstruction, fecal incontinence, perforation .. ect



Surgey mini-OSCE  
6<sup>th</sup> year

5/1/2025

Done by: Raghad Amr

# Station 1



- 1. what is the type of this chest wound
  - Penetrating (sucking chest wound)
- 2. What is the technique of dressing that you would use and why would you use it
  - Type of dressing: 3 sided occlusive dressing
  - Reason: To prevent the one way entry of air into chest cavity during Inspiration and allows pleural air to exit during expiration
- 3. Name the boundaries for the safety triangle for chest tube placement
  - Anterior border: lateral border of pectoralis major
  - Posterior border: lateral border of latissimus dorsi
  - Inferior border: line of fifth intercostal space
  - Base: Axilla

Station 2: Patient had this ulcer since 3 years it was first small in size but now

looks like this

1. What is the most probable type of ulcer?

- Venous ulcer

2. What is the name of the site of this ulcer and why does this type of ulcer commonly occur in this site?

- Site: gaiter area
- Cause: commonest location of venous insufficiency

3. What 2 pieces of advice would you give the patient to promote the healing of his lesion

- 1. wound care and dressing
- 2. leg elevation



presented with this breast lesion, on mammogram BIRADS 5, diagnosed as invasive ductal

## carcinoma.

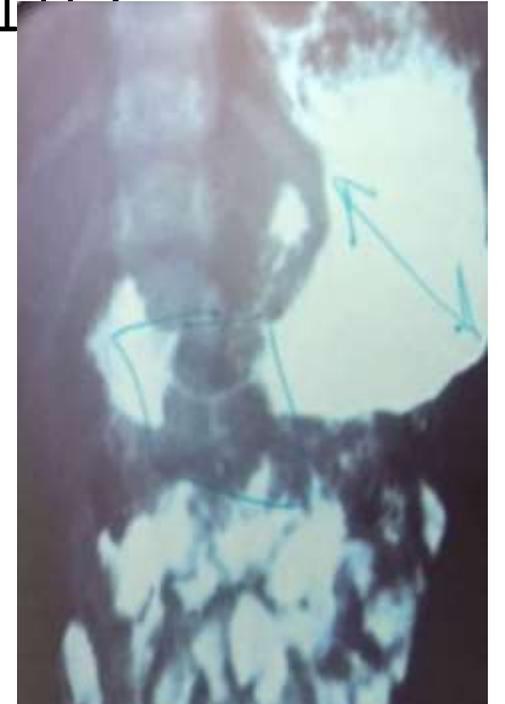
1. Name 2 clinical findings that suggest malignancy from the picture (this is the closest picture I could find, the nipple in the picture in exam was surrounded by black necrotic tissue and there was evidence of bloody nipple discharge)

- Breast asymmetry
  - Nipple retractions
  - Erythematous and necrotic skin
  - Bloody nipple discharge
- 2. What is the name of the lesion in her left breast
- Carcinoma en cuirasse (جواب الدكتور)
- 3. According to TNM staging, what is the T of this lesion given that it is mobile and not fixed to chest wall on examination when patient puts her arms on her hips
- T4d (جواب الدكتور)



# Station 4: one month infant presents with vomiting and weight loss

- 1. What is your diagnosis
  - Infantile hypertrophic pyloric stenosis
- 2. What are 2 cardinal features of this disease?
  - Non-bilious vomiting
  - Olive-like mass
- 3. What are the metabolic disturbances seen in this patient?
  - Hypochloremic, hypokalemic, metabolic alkalosis
- 4. What are the findings on ultrasound of this case?
  - Thickened pyloric wall, increase in length of pyloric canal
- 5. What is the surgery to be performed?



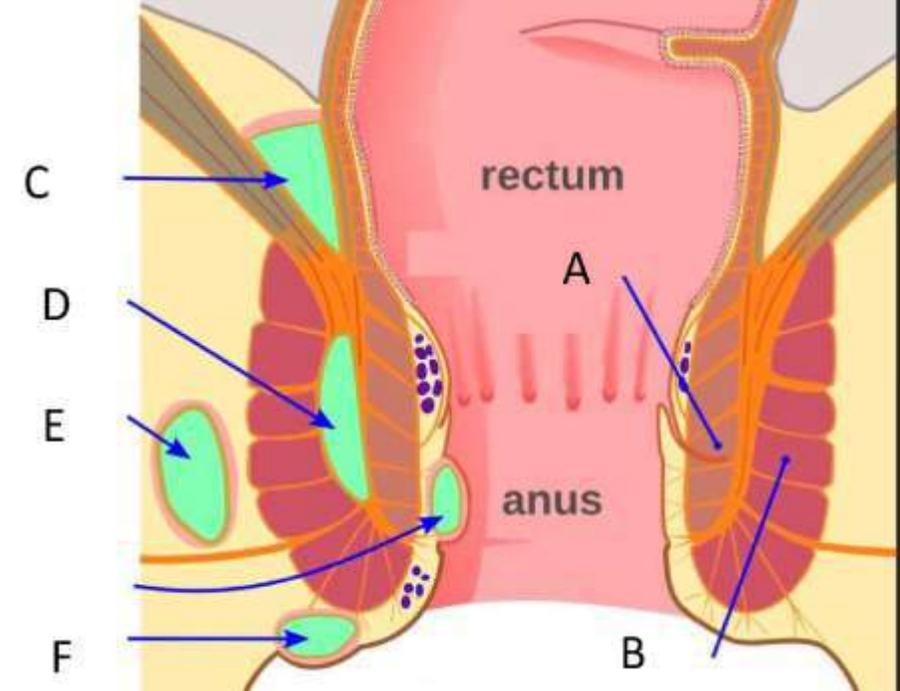
# Station 5: patient presents with this neck injury he was hemodynamically unstable

- 1. What is the zone of the neck injury and what are the borders of the zone?
  - Name of zone: zone 2
  - Boundaries: superior border (angle of mandible) inferior border (cricoid cartilage)
- 2. What is the name and type of drain used in the second picture and why was it used in this case?
  - Name: foley's catheter, type: open passive (usually it is closed but when used in neck injury it is not connected to a bag)
  - Reason to use it in this case: as a balloon tamponade to control bleeding
- 3. Name 2 hard signs in neck injury that would necessitate doing urgent surgical exploration
  - Shock



# Station 6

- 1. What are the names and type of muscles A
  - A: internal anal sphincter (smooth/involuntary)
  - B: external anal sphincter (skeletal/voluntary)
- 2. If pus was to collect in C or E what would it be called?
  - C: supralevator abscess
  - E: ischiorectal abscess
- 3. What is the type of pain produced if there was pus collection in F?
  - Throbbing
- 4. What is the single best imaging modality to diagnose pus collection in C and D?
  - C: MRI
  - D: transperineal ultrasound
- 5. What is the management of pus collection in F?
  - Incision and drainage
- 6. What is the primary cause of these conditions?
  - Cryptoglandular infection
- 7. What is the commonest long-term complication?



# Station 7: patient presets with history of palpitations and neck mass

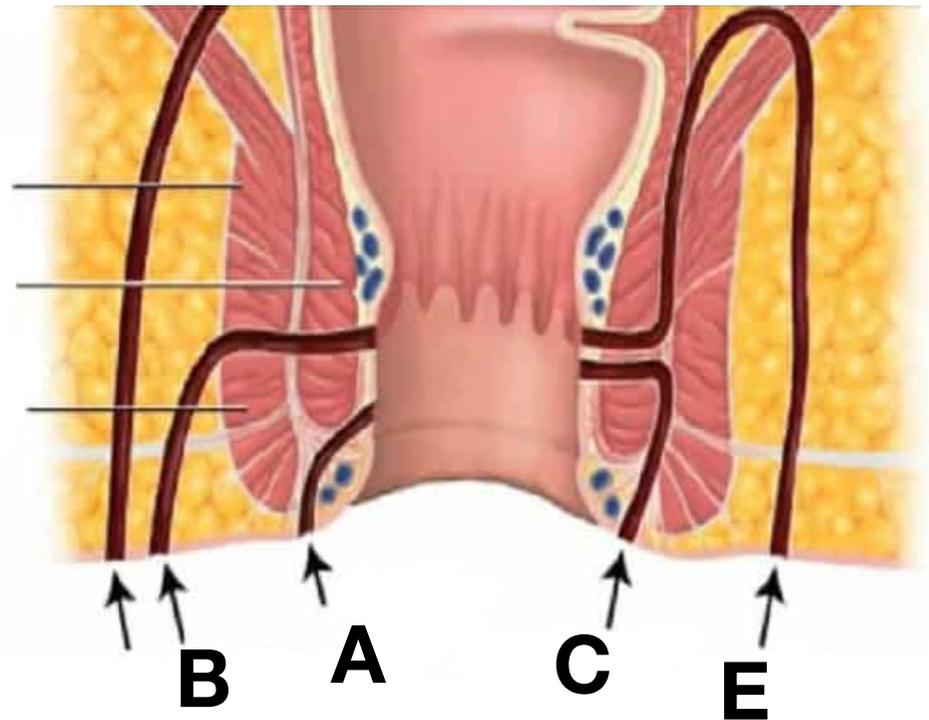
- 1. What are three common differential diagnoses?
  - Graves disease
  - Toxic multinodular goiter
  - Functioning thyroid nodule
- 2. What are the clinical signs seen in this picture?
  - Exophthalmos
  - Lid retraction



Surgey mini-OSCE  
6<sup>th</sup> year

**Group 2**

**Q1.**



1) Management of A?

**Fistulotomy and seton drain**

2) fistula through internal and external sphincter ? **transsphincter fistula (B)**

3) Cause of extrasphincter fistula?

**Usually indicates secondary pathology ((Crohns disease , Trauma, post operative , anal fissure , malignancy! ))**

4) label it was(E) called ? **suprasphincter fistula**

5) name the fistula that passes between two sphincters ?

**(C) intersphincter**

**Q2.**



- 1) What is the name of stoma in RIF ? **ileostomy**
- 2) Early complication: **bleeding**
- 3) Indication of this ? **rectal cancer** ( كان موجود بالسؤال عند المريضة )
- 4) name the type of stoma with tow openings and mucosal bridge ? **loop ileostomy**

**Q3.**

- 1) diagnosis? **Recto-urethral fistula**
- 2) 3 symptoms the patient comes with?



## Q4. Adhesions



1) What is this?

A-adhesion band

B-ischemia

2) how to treat it ?

Conservative treatment :

IV fluid

NPO

NGT

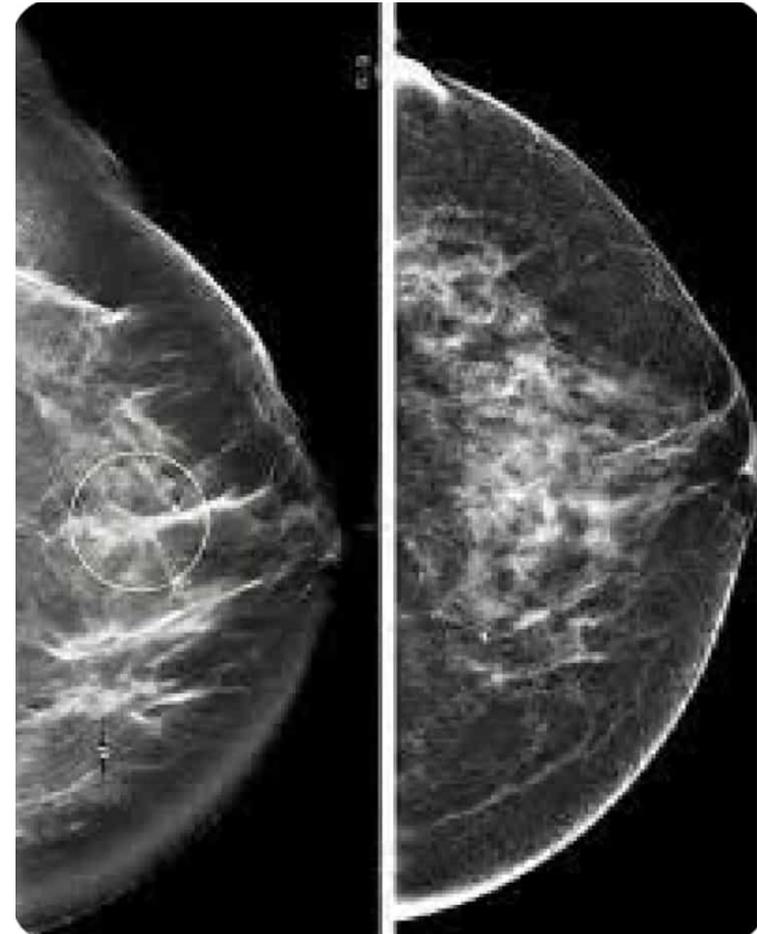
Decompression

IV Antibiotic

Surgical : Resection and anastomosis

# Q5. Breast Ca

- 1) Diagnostic assessment: **Triple assessment**
- 2) Suggestion malignancy By inspection : **Tethering**
- 3) Reporting method: **BIRADs**
- 4) Imaging finding suggesting malignancy: **Speculations/  
Microcalcifications**



**Q6.**



1) What do see in inspection?

Midline incision scar

Incisional hernia

2-Two thing for examination?

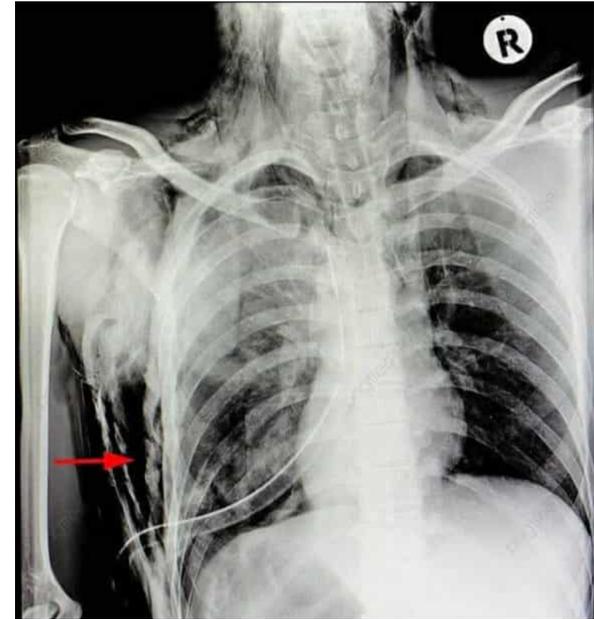
Cough impulse?

inguinal hernia?DRE?

3- Name of surgery you would do?

hernioplasty

**Q7.** Chest Xray pic of RTA pt, labels point toward chest tube and an emphysematous area  
Label the following :



Q1. What abnormal finding is shown in the X-ray (marked by the red arrow)?

👉 Answer: Surgical emphysema (subcutaneous emphysema).

Q2. What procedure is seen in the image?

👉 Answer: Chest tube (tube thoracostomy).

Q3. How can you confirm that the chest tube is functioning properly?

👉 Answer: By observing fogging of the tube with respiration or bubbling in the water seal chamber.

!او كان هيك ؟ one clinical method to determine correct placement ? (02 sat.)!

Q4. What are the possible complications of chest tube \*during\* insertion?

👉 Answer: Bleeding, hematoma, lung contusion.



**SURGERY ARCHIVE**

**MINI-OSCE**

— —

**Rouh archive**

# Rouh 1<sup>st</sup> semester

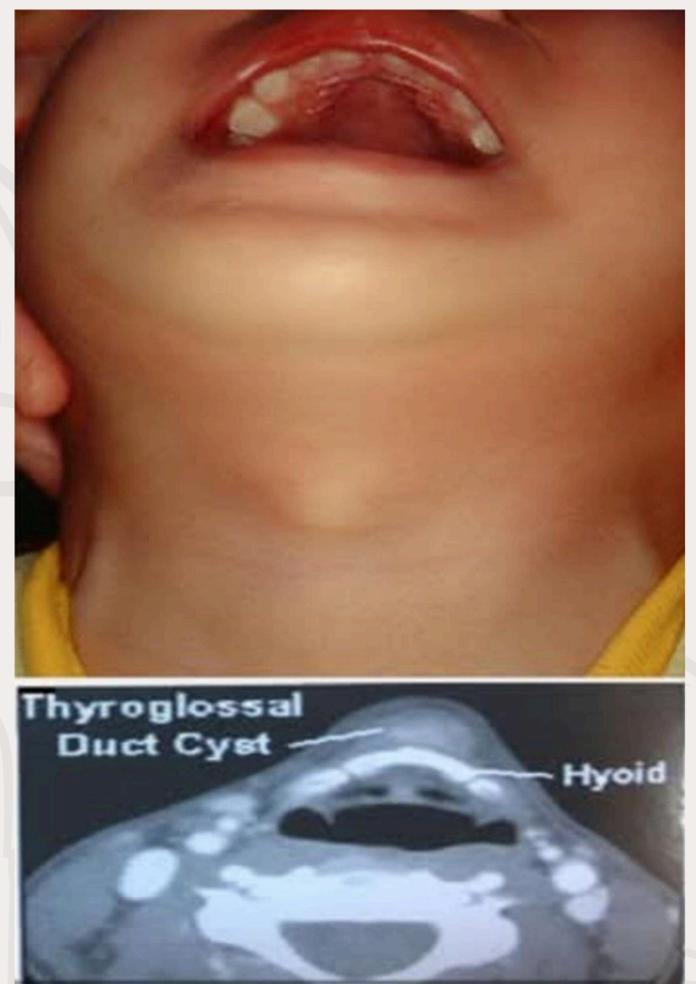
## Station 1



1. Identify the clinical sign demonstrated in the images above.
2. Explain the underlying pathophysiological cause of this sign.
3. When percussing the sternum in a patient with suspected retrosternal goiter, which part of the sternum should be percussed to detect retrosternal extension?
4. What type of percussion note would you expect in the area of the retrosternal mass?

## Station 2

1. Describe the clinical examination you would perform on this swelling.
2. How would you confirm the diagnosis?
3. What is the definitive management for this condition?



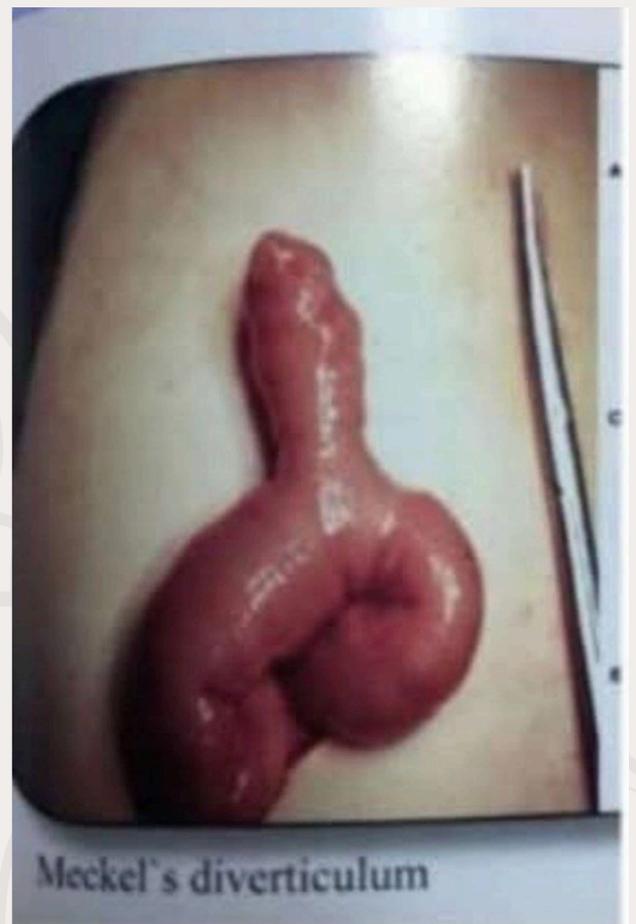
## Station 3



1. Describe the abnormal findings in the provided image and identify which features are most suggestive of malignancy.
2. Having completed a full history and physical examination, what would be your next step in the diagnostic work-up of this patient?
3. According to the TNM staging system for breast cancer, what T stage is assigned when a breast mass becomes fixed on contraction of the pectoralis muscle (e.g. when the patient places her hands on her hips)?

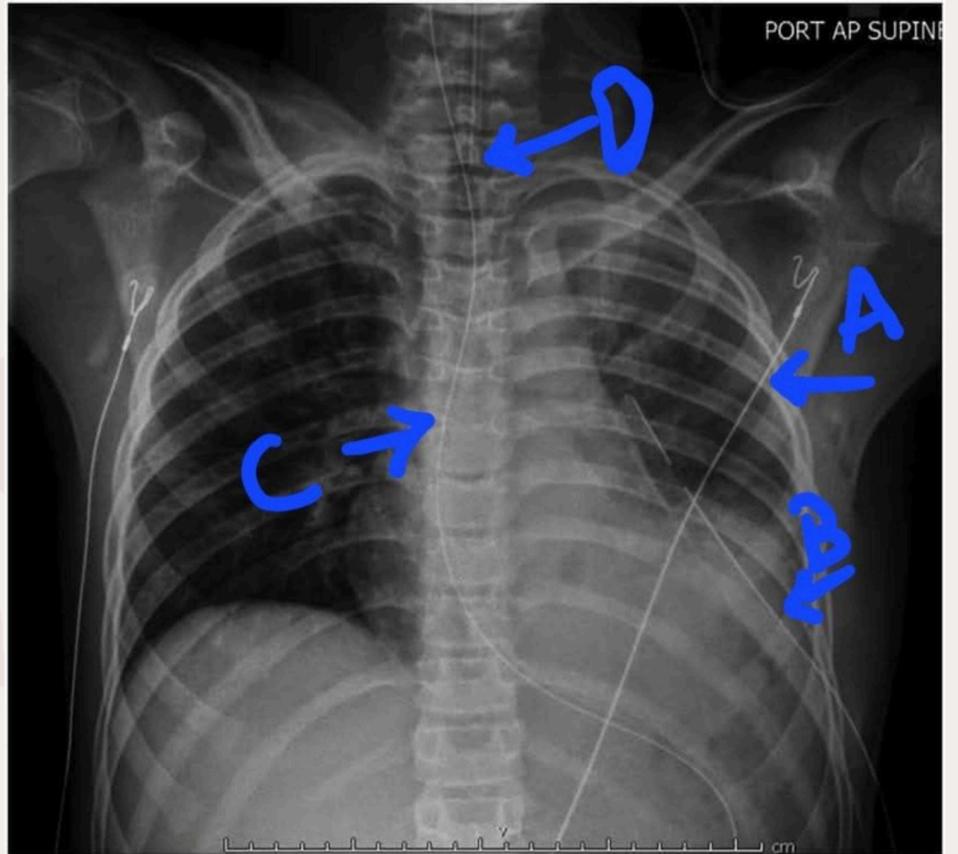
## Station 4

1. What is your diagnosis based on the images?
2. Name two types of ectopic mucosa that may be found within this lesion.
3. Mention two possible complications of this lesion.
4. What type of hernia is shown in the second image (a loop of bowel entering a patent vitelline/omphalomesenteric duct at the umbilicus)?



## Station 5

You are shown the following anteroposterior chest X-ray of a critically ill patient. Four tubes/lines are marked A, B, C, and D.



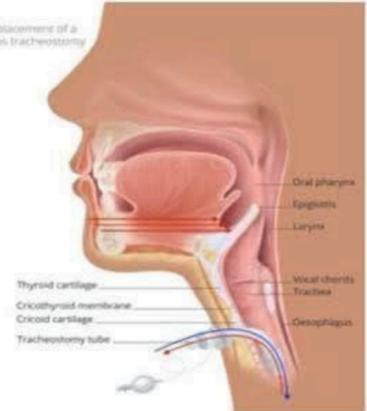
1. Identify each of the labelled tubes/lines (A, B, C, D).
2. For each tube/line, state its main clinical use.
3. List one common complication associated with each tube/line.

# Rouh 2<sup>nd</sup> semester

## Station1

**Tracheostomy**

- **What is this?**  
Tracheostomy
- **Indications:**
  - Upper airway obstruction
  - Obtaining an airway in severe facial or neck trauma
  - Upper airway edema and copious secretions
  - Failure to wean from mechanical ventilation
  - Acute respiratory failure with need for prolonged mechanical ventilation (mc indication, 2/3 of all cases)
- **Complications:**
  - Related to surgery: Bleeding , loss of airway , infection , surgical emphysema , pneumothorax
  - Related to tracheostomy: Tracheal stenosis , fistula , blockage



A 45-year-old male in the ICU develops severe facial trauma following a road traffic accident. He is unable to maintain an airway with endotracheal intubation.

You are asked about the role of tracheostomy in this patient.

### 1. Procedure Name

- **Tracheostomy:** A surgical procedure to create an opening in the anterior tracheal wall to establish an airway.

### 2. Indications

- Upper airway obstruction (tumor, trauma, infection).
- Severe facial or neck trauma preventing intubation.
- Upper airway edema and copious secretions.
- Failure to wean from mechanical ventilation.
- Prolonged mechanical ventilation requirement (most common, ~2/3 of cases).

### 3. Complications

- **Surgical complications:** bleeding, infection, loss of airway, surgical emphysema, pneumothorax.
- **Long-term complications:** tracheal stenosis, fistula formation, tube blockage.

### 4. Contraindications

(Relative, not absolute — emergency tracheostomy may override these)

- Uncorrected coagulopathy or bleeding disorders.
- Local infection at surgical site.
- Gross distortion of neck anatomy (tumor, scarring, previous surgery).
- Very high ventilatory requirements (PEEP-dependent patients may not tolerate).

## Station 2

You are shown these clinical signs in different patients.



Q1. Identify Pic A and Pic B.

- Pic A: Cullen's sign → periumbilical ecchymosis.
- Pic B: Grey Turner's sign → flank ecchymosis.

Q2. Mention another related sign.

- Fox's sign → ecchymosis over the upper thigh/inguinal region

Q3. What is the most likely diagnosis?

- Acute hemorrhagic pancreatitis (retroperitoneal bleeding from pancreatic necrosis).

Q4. What complication does this indicate?

- Retroperitoneal / intra-abdominal hemorrhage, suggesting severe necrotizing pancreatitis, associated with:
  - Hemorrhagic shock.
  - Multi-organ failure (renal failure, ARDS).
  - Pancreatic abscess or pseudocyst.
  - High mortality risk.

## Station 3

Q1. Give 2 clinical features by inspection.

- Visible groin swelling in the right inguinal region.
- Swelling increases with coughing/straining and may reduce on lying down.

Q2. Mention 2 maneuvers to confirm the diagnosis.

1. Ring Occlusion Test → distinguishes direct from indirect inguinal hernia.
2. Zieman's Test → differentiates inguinal (direct/indirect) from femoral hernia.

(Other possible maneuvers: cough impulse test, reducibility test, deep ring occlusion test.)

Q3. What is the diagnosis?

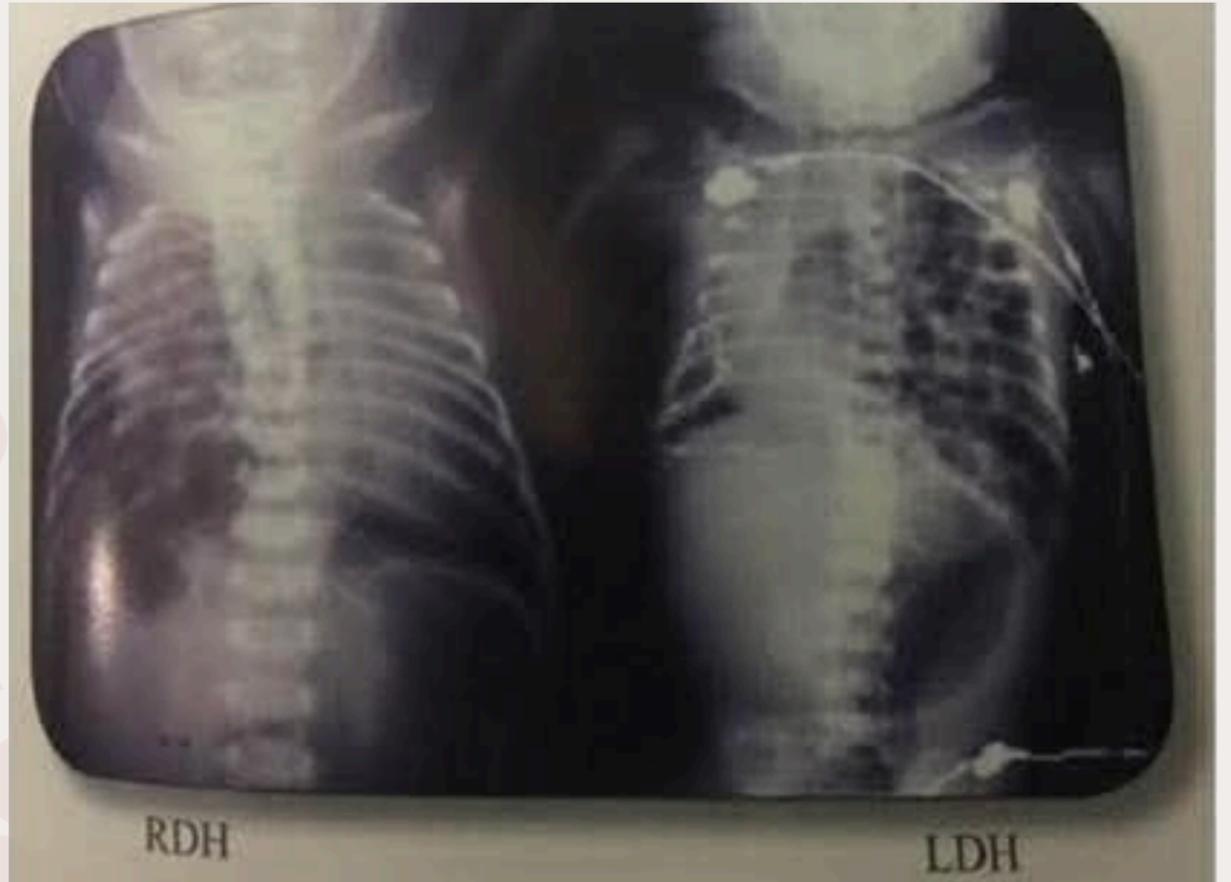
- Right inguinal hernia.

Q4. What is the most common complication?

- Strangulation (ischemia due to compromised blood supply).



## Station 4



**Q1. What is the most likely diagnosis?**

▶ Congenital diaphragmatic hernia (CDH)

**Q2. What are the typical clinical features?**

Respiratory:

- Severe respiratory distress soon after birth (tachypnea, cyanosis, retractions).
- Decreased or absent air entry on affected side.
- Bowel sounds heard in chest.
- Mediastinal shift with displaced heart sounds.

Abdominal:

- Scaphoid (sunken/flat) abdomen due to absence of abdominal viscera.

Imaging:

- Chest X-ray: air-filled bowel loops in thorax, mediastinal shift, absent diaphragmatic contour.

**Q3. What are the common types of CDH?**

- Bochdalek hernia ( $\approx 90\%$ ) → posterolateral defect, usually left-sided, presents early.
- Morgagni hernia ( $\approx 2\%$ ) → anterior defect, usually right-sided, presents later.

**Q4. How do you initially manage this case?**

- Airway & breathing stabilization:
  - Provide oxygen.
  - Avoid bag-mask ventilation (risk of gastric insufflation).
  - Intubation and mechanical ventilation if needed.
- Gastric decompression: insert nasogastric tube.
- Circulatory support: IV fluids, correct acidosis.
- Definitive treatment: surgical repair once stabilized.