



SURGERY ARCHIVE

PEDIATRIC

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Inguinoscrotal Anomalies

Mini Osce

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

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



2. 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

Answer: c



3. 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

Answer: c



4. One of the following is wrong:

- A. Epididymo-orchitis should be among your ddx.
- B. You can manipulate reduction of strangulated hernia by taxis.
- C. Acute rupture of hydatid cyst of Morgagni produces scrotal pain

Answer: B

One of the following shouldn't be in your line of management:

- Antibiotics and observation



Inguinoscrotal Anomalies /Final

1. All the following are related to scrotal pathology except :-

- a. Primary vaginal hydrocele
- b. Torsion testis.
- c. Epididymo orchitis.
- d. Communicating hydrocele
- e. Bubonocele type of hernia.

Answer: E

2. Regarding scroto-inguinal?

Communicating hydrocele regress spontaneously

3. The commonest cause of acute scrotal pain in a 12 years old child with no fever and normal urine analysis is:

- A. Epididymitis
- B. Orchitis
- C. Varicocele
- D. Torsion of testis
- E. Hydrocele

Answer: D

4. Which of the following simulates clinically torsion of the testicle: (повтор)

- A. Encysted hydrocele
- B. Communicated hydrocele
- C. Varicocele
- D. Acute epididymo-orchitis
- E. Indirect inguinal hernia

Answer: D

5. Orchidopexy is indicated for children with undescended testicle for all the following reasons except:

- a. Higher incidence of accompanying hernia.
- b. Increased chance of testicular trauma.
- c. Psychological factors.
- d. development of malignancy.
- e. Lower future fertility

Answer: B

6. Undescended testicle is commonly associated with:

- A. Direct inguinal hernia
- B. Hypospadias
- C. Indirect inguinal hernia
- D. Paraphimosis
- E. Femoral hernia

Answer: C

7. In cases of torsion testis all are TRUE, EXCEPT:

- A. Orchidopexy of the affected side only
- B. Undescended testis is more liable for torsion
- C. Orchidopexy of both testis must be done
- D. It affects young age males
- E. Clinically it simulates acute epididymo-orchitis

Answer: A

8. Regarding undescended testicle all of the following are TRUE, EXCEPT:

- A. It is usually associated with a hernial sac
- B. It is more liable for torsion than the normally descended testicle
- C. Neglected bilateral cases are associated with decreased spermatogenesis
- D. Orchiopexy does not reduce the risk of malignant degeneration
- E. Surgical correction should be done around the age of puberty

Answer: E

Inguinoscrotal Anomalies /Final

9. which of the following is true of testicular torsion?

Select one:

- a. It is the most common cause of acute scrotum in an 8 -year old boy
- b. In children it can be reliably diagnosed by ultrasonography
- c. In neonates it is due to intravaginal torsion
- d. Scrotal inflammatory change is a late sign associated with necrosis
- e. Contralateral testicular fixation is rarely performed in case of unilateral torsion

Answer: D

10. Which of the following statements about inguinal hernias in infants is true?

- a. They are bilateral in 60% of the cases.
- b. They are no commoner in premature infants than in term infants.
- c. They require repair of the muscular floor of the canal.
- d. If incarcerated they should not be reduced.
- e. They can cause bowel obstruction or testicular injury if incarcerated.

Answer: E

11. Regarding acute scrotum, all the statements are true except:-

- a. The diagnosis can be confirmed by ultrasound with color Doppler.
- b. urgent exploration is required if in doubt for diagnosis.
- c. strangulated hernia requires urgent surgery.
- d. Epididymo-orchitis requires exploration.
- e. Testicular torsion is the commonest cause.

Answer: D

12. Wrong regarding testicular torsion :
conservative and antibiotics

13. Wrong about torsion of testicles: .

Surgery can be delayed up to 6 weeks.

14. Concerning torsion testicles all of the following are TRUE, EXCEPT:

- A. The condition is rare in normal fully descended testicles
- B. The highest incidence is between 10 and 25 years of age
- C. The condition stimulates strangulated inguinal hernia or epididymo-orchitis
- D. Acute straining during defecation or lifting heavy weight is an exciting cause
- E. Treatment consists of exploration of the affected side only

Answer: E

15. Concerning undescended testicle, all of the following are TRUE, EXCEPT:

- A. The testis may be incompletely descended or in an ectopic site
- B. The condition may be unilateral or bilateral
- C. In neglected bilateral cases sterility usually occurs
- D. The affected testis is more liable to trauma, torsion and malignancy
- E. In unilateral cases surgical treatment has to be done just after puberty

Answer: E

Anorectal malformation

Mini Osce

1. 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

Answer: E

2. 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

Answer: D

3. 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

Answer: D

4. 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



Anorectal malformation/ final

All of the following are true about ARM except:

- A) The incidence is one per 4000 to 5000
- B) The percentage to have another child is 1%
- C) Proximal colostogram use to evaluate the anatomy
- D) Most common type in female is rectovestibular

Answer; B

Gi Bleeding/ MINI OSCE

1. What is your diagnosis?

- Meckel's diverticulum

2. What 2 tissues that it contains?

- Gastric – Pancreatic

3. Mention 2 complications?

- Bleeding – intussusception



Failure of omphalomesenteric duct to regression.

A) Diagnosis

- Meckel's diverticulum

B) Mention 3 clinical presentations:

Painless bleeding

Intestinal obstruction

diverticulitis



Gi Bleeding/ Final

1. Regarding Meckel's diverticulum, which of the following statement is true:-

A-It is a false diverticulum.

B-Resection of the incidental meckel's is indicated in all children.

C-Bleeding Meckel's can be diagnosed by Tc99, scan.

D-The diverticulum arises from the mesenteric side of the small bowel.

E-All Heterotopic tissue in the diverticulum is usually associated with massive bleeding

Answer: C

2. Gastrointestinal bleeding in childhood due to Meckel's diverticulum:

a. b. Is secondary only to intestinal obstruction as a complication of Meckel's diverticulum

. b. Usually occur at the Meckel's where the feeding mesenteric artery erodes.

c. Is almost always heralded by antecedent signs and symptoms related to the Meckel's

. d. Is accurately diagnosed by arteriography with bleeding rates less than 0.5 ml/minute.

e. Occurs characteristically in children over 1 year.

Answer: E

3. A previously healthy 10-year-old boy presented with a 12-hour history of anorexia, vomiting and pain in the right iliac fossa. Examination revealed a rectal temperature of 38.3, a white count of 13.700/cmm and signs of localized peritonitis in the right lower quadrant. At operation, his appendix and caecum were normal. The Most likely cause of his illness is:

a. Acute gastroenteritis.

b. Regional enteritis (Crohn's disease).

c. Meckel's diverticulitis.

d. Acute mesenteric lymphadenitis.

e. Deep iliac adenitis.

Answer: C

Gi Bleeding/ Final

True statement

- A. Lesions proximal to the ligament of Treitz are the usual cause of gastrointestinal bleeding in children older than 1 year.
- b. Upper gastrointestinal bleeding is ruled out by normal naso-gastric aspirate.
- c. Meckel's diverticulum is the most frequent cause of massive lower gastrointestinal bleeding.
- d. Bleeding is common with midgut volvulus but is rarely seen with intussusception.
- e. Anal fissures are a rare cause of rectal bleeding in an infant

Answer: C

5. previously healthy 8 months old boy started to suffer from repeated abdominal pain, vomiting and red currant jelly stool; he should be regarded to have:

- 1. Volvulus neonatorum
- 2. Intussusception
- 3. Gastroenteritis
- 4. Meconium ileus
- 5. Meckel's diverticulitis

Answer: B

6. The most common presentation of Meckel's diverticulum in children is:

- A. Frank rectal bleeding
- B. Acute diverticulitis
- C. Intussusception
- D. Perforation of the diverticulum
- E. Volvulus of small intestine

Answer: A

7. An 8 months male baby presented with sudden crying with flexion of his legs to abdomen and vomiting. Few hours later he passed bloody diarrhea with mucus. The pathological diagnosis is:

- A. Gastroenteritis
- B. Food poisoning
- C. Intussusception
- D. Meckel's diverticulum
- E. Acute appendicitis

Answer: C

8. Common causes of acute abdominal pain in children.

- a. Cholecystitis.
- b. Meckel's diverticulum
- . c. Mesenteric ischemia
- . d. Mesenteric adenitis
- . e. Volvulus neonatorum.

Answer: D

9. 60 year old case with dx of intussusception what is the cause : metastatic Deposit.

10. The segment of bowel is most frequently associated with intussusception; Select one:

- a. Ileoileal
- b. Colocolic
- c. Ileocolic
- d. Caecocolic
- e. Jejunoileal

Answer: C

11. Regarding intussusception all the statements are true Except:-

- a. Palpable sausage shaped mass in the abdomen.
- b. May be the presenting feature of intestinal lymphoma.
- c. Urgent surgery is the best choice of treatment.
- d. The red currant jelly stools are a frequent finding.
- e. The diagnosis is confirmed by ultrasonography

Answer: C

GI Bleeding/ Final

12. Intussusception not diagnosed by

technicium-99

13. Intussusception is a cause of all of the following, EXCEPT:

- A. A mass in the abdomen
- B. Abdominal colic
- C. Frequency of micturition
- D. Passage of blood per rectum
- E. Intestinal Obstruction

Answer: C

Intestinal obstruction MINI OSCE

Wrong about this disease?

- A. causes poly hydramnios
- B. 12% of patients have intra abdominal calcifications are observed on plain X ray
- C. most commonly occurs in association with chromosomal anomalies
- D. occurs due to interruption of the superior mesentric blood supply

Answer: c

what is the diagnosis:

- 1. duodenal atresia
- 2. jejunoileal atresia
- 3. hirschsprung disease

Answer: B



Intestinal obstruction / FINAL

1. Regarding Infantile hypertrophy pyloric stenosis all are true, Except:-

- a. None bile stain vomiting.
- b. Visible Peristalsis waves.
- c. palpable olive like mass at the epigastric area.
- d. Pyloroplasty is the operation of choice.
- e. The ultra sound is the diagnostic means

Answer: D

2. bilious vomiting at 3-4 weeks children dx:

malrotation (other choices were pyloric hypertrophy , duodenal atresia , hirschsprung disease)

3. A 3 days old baby has bile stained vomiting since birth, What is the most likely diagnosis.

- a. Congenital pyloric web.
- b. Congenital hypertrophic pyloric stenosis
- c. Duodenal atresia.
- d. Esophageal atresia.
- e. Sliding type hiatus hernia.

Answer: C

4. Concerning hypertrophic pyloric stenosis of infants all of the following are CORRECT, EXCEPT:

- A. Manifestations starts usually 3-4 weeks after birth
- B. Bile stained projectile vomiting is the presenting symptom in all cases
- C. A visible peristalsis after feeding may be seen passing from the left to right across the upper abdomen
- D. Constipation and loss of weight are usually present
- E. Surgery is the treatment of choice

Answer: B

5. 1 month old infant bilious vomiting :
midgut malrotation

6. newly born presented with persistent bile stained vomiting. Straight, erect abdominal radiograph showed "double bubble" appearance in the upper abdomen. This infant has:

- A. Meconium ileus
- B. Duodenal atresia
- C. Imperforated anus
- D. Hypertrophic pyloric stenosis
- E. Congenital intussusception

Answer: B

Intestinal obstruction / FINAL

7.Regard infantile hypertrophic pyloric stenosis, all true except.

- a. Double-bubble view on plainx-ray.
- b. May result in a metabolic alkalosis.
- c. May result in hypokalemia.
- d. Treated surgically by pyloromyotomy.
- e. Palpable olive like mass on the epigastric region.

Answer: A

8.Concerning hypertrophic pyloric stenosis of infants all of the following are CORRECT, EXCEPT: (повтор)

- A. Bile free projectile vomiting is the presenting symptom in all cases
- B. Following feeding a peristaltic wave may be seen passing from left to right across the upper abdomen
- C. The hypertrophied pylorus can be felt under the liver like an olive
- D. Loss of weight and constipation are usually present
- E. These manifestations start to appear one or two days after birth

Answer: E

9.Concerning hypertrophic pyloric stenosis of infants all of the following are CORRECT, EXCEPT:

- A. Symptoms start usually three to six weeks after birth
- B. Forcible projectile bile stained vomiting is the usual presenting symptom
- C. The hypertrophied pylorus can be felt like an olive in the right hypochondrium
- D. Loss of weight and constipation are usual
- E. Surgery is treatment of choice

Answer: B

10.Concerning congenital hypertrophic pyloric stenosis all the following are TRUE, EXCEPT:

- A. Non-bilious projectile vomiting is the most common
- B. Visible peristalsis may be seen passing from left to right across the upper abdomen
- C. An olive-size mass can be felt in the right hypochondrium
- D. Constipation and loss of weight are usually present
- E. The usual management is by antispasmodics, laxatives and correction of water and electrolytes disturbances

Answer: E

11. Infants with duodenal atresia, all of the following are true except: Select one:

- a. There is increased incidence of Down syndrome
- b. It can be detected by prenatal ultrasound examination
- c. It may occur in infants with situs inversus,malrotation,annularpancreas and anterior portal vein.
- d. It is best treated by gastroenterostomy
- e. There is high incidence of associated cardiac defects

Answer: D

12. days old baby has bile stained vomiting since birth,What is the most likely diagnosis.

- a. Congenital pyloric web.
- b. Congenital hypertrophic pyloric stenosis.
- c. Duodenal atresia.
- d. Esophageal atresia.
- e. Sliding type hiatus hernia.

Answer: C

13. The following are causes of intestinal obstruction in the neonates except:-

- a. Meconium ileus.
- b. Hirschprung's disease.
- c. Duodenal atresia.
- d. Intussusception.
- e. Colonic atresia

Answer: D

14. All of the following are causes of non bile stained vomiting, EXCEPT:

- A. Feeding problem
- B. Gastro-esophageal reflux
- C. Pyloric stenosis
- D. Duodenal atresia
- E. Hidden infection (meningitis)

Answer: D

15. All the following statements are true except.

- a. Duodenal atresia is treated by duodeno-duodenostomy.
- b. Duodenal atresia is commonly associated with Downs syndrome.
- c. Meconium ileus occurs in approximately 50% of children with cysticfibrosis.
- d. Neonatal intestinal obstruction is characterized by bilious vomiting, abdominal distension and failure to pass meconium.
- e. Ano-rectal atresia is more common in boys than girls.

Answer: C

16.inverted "U" sign in :
sigmoid volvulus



Intestinal obstruction / FINAL

17. Cause of bile stain vomitus...

mid gut volvulus

18. newborn with imperforate anus showed the presence of meconium in the urine. The next step is:

- Opening a colostomy.
- A voiding cystourethrogram.
- An intravenous urethrogram.
- A perineal anoplasty.
- An abdomino-perineal pullthrough.

Answer: A

19. volvulus occur everywhere except

- stomach
- sigmoid
- Ascending colon
- transverse colon

Answer:

20. Clinical scenario of intestinal obstruction with bent inner tube sign at xray (dx: sigmoid volvulus) what is the treatment :

sigmoidoscopy and decompression of sigmoid colon

21. In ALL of the following acute abdominal conditions vomiting is NOT frequent, EXCEPT:

- Acute pancreatitis
- Perforated peptic ulcer
- Ruptured ectopic pregnancy
- Volvulus of sigmoid colon
- acute appendicitis

Answer: D

22. A plain abdominal radiograph may be pathognomonic for meconium ileus when disparate bowel loops are associated with ;

Soap-bubbly appearance in the right lower quadrant and absence of small bowel air-fluid levels

23. Appendectomy is usually performed as a part of which procedure? Select one:

- Gastroschisis
- Congenital diaphragmatic hernia repair
- Ladd's procedure
- Laparotomy for meconium obstruction
- Pull-through procedure for Hirshsprung's disease

Answer: C

24. Which of the following is not a typical cause of neonatal intestinal obstruction?

- Intussusception.
- Meconium.
- Hirschsprung's disease.
- Jejunioileal atresia.
- Incarcerated inguinal hernia.

Answer: A

25. Which of the following statements about Hirschsprung's disease is true?

- It is a congenital aganglionosis of the myenteric plexus.
- Meconium passage is typical of the disease.
- It leads to lack of relaxation of the non-innervated bowel.
- The last 10 cm of the bowel proximal to the dentate line normally lacks plexuses.
- Ultrashort disease is usually detected at birth.

Answer: A

26. For a patient with uncomplicated meconium ileus all of the following are true except:

- Urgent enterotomy
- Iv rehydration with gastrographin enema
- Mottling of meconium on AXR
- Enterocolitis is a major complication

Answer: A

27. Hirschsprung disease true except :

Decrease acetylcholinesterase

Intestinal obstruction / FINAL

28. All the statements about the Hirschsprung's disease are true except :-

- a. There are no ganglion cells in the myenteric plexus.
- b. The dilated proximal bowel has no ganglion cells.
- c. The enterocolitis is an important potential cause of mortality.
- d. It may involve the small intestine.
- e. Contrast enema identifies the transition zone

Answer: B

29. Polyhydramnios is frequently observed in all of the following conditions except: Select one:

- a. Esophageal atresia
- b. Duodenal atresia
- c. Pyloric atresia
- d. Hirschsprung's disease
- e. Congenital diaphragmatic hernia

Answer: D

30. Hirschsprung disease: wrong about it

- A. Emptying of barium after 24 hours
- B. not occur in small intestine
- C. Transition zone on barium enema
- D. Proximal dilated part is ganglionic
- E. Septic colitis is a cause of death

Answer: B

31. The following statements are true except.

- A. In gastroschisis there is no peritoneal sac and the eviscerated bowel is exposed to amniotic fluid during intra uterine life.
- B. Surgery for testicular torsion is an absolute surgical emergency.
- C. Failed regression of the omphalo-mesenteric(vitelline)duct, results in Meckel's diverticulum.
- D. A contrast enema in Hirschsprung's disease identifies the transition zone between the ganglionic and aganglionic segment.
- E. The aganglionic segment is the dilated proximal part of the bowel

Answer: E

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 (<=5 cm) .

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%



Tracheo-Esophageal anomalies

Esophageal atresia without fistula , which is wrong ?

Gas in intestine

Polyhydramnios is frequently observed in all of the following conditions except: Select one:

- a. Esophageal atresia
- b. Duodenal atresia
- c. Pyloric atresia
- d. Hirshsprung's disease
- e. Congenital diaphragmatic hernia

Answer :D

Which of the following is most common after primary repair of esophageal atresia with distal trachea-esophageal fistula?

- a. Anastomosis leak.
- b. Esophageal stricture.
- c. Recurrent trachea-esophageal fistula.
- d. Gastroesophageal reflux.
- e. Tracheomalacia requiring aortopexy.

Answer:D

newly born baby with continuous salivation and regurgitation, his first and every feed accompanied with coughing and cyanosis has:

- A. Duodenal atresia
- B. Esophageal atresia
- C. Congenital hypertrophic pyloric stenosis
- D. Volvulus neonatorum
- E. Diaphragmatic hernia

Answer:B

Concerning esophageal atresia, all true except.

- a. The most frequent type is proximal oesophageal atresia with a distal Tracheo-oesophageal fistula.
- b. There is a high incidence of associated anomalies.
- c. It may be associated with maternal polyhydramnios.
- d. Treatment involves a right thoracotomy and anastomosis of oesophagus.
- e. It affects 1/100 live births.

Answer:E

child with confirmed esophageal atresia with no distal tracheoesophageal fistula, select the correct answer:

A:XRray will show gaseless abdomen

All of the following are features of isolated esophageal atresia, EXCEPT:

- A. Excessive salivation
- B. Inability to pass nasogastric tube
- C. Distended abdomen
- D. Pneumonia
- E. Cyanotic attacks after feeding

Answer:C

The statement regarding tracheo-oesophageal atresia without fistula are true except:-

- a. Excessive salivation.
- b. Rattling respiration.
- c. Abdominal distention.
- d. Choking and cyanosis during feeding.
- e. Abdominal x-ray shows no air in the stomach.

Answer:C

The newly born regurgitates its entire first and every feed,pours saliva almost continuously. There are manifestation of:

- A. Imperforated anus
- B. Congenital diaphragmatic hernia
- C. Atresia of duodenum
- D. Atresia of the esophagus
- E. Meckel's diverticulum

Answer:d



Congenital Diaphragmatic Hernia / Final

1- All the statement are true in case of Congenital diaphragmatic hernia Except:-

- a. Result from failure of the pleuro-peritoneal canal.
- b. Air entry is reduced on the affected side.
- c. Flat abdomen on examination.
- d. Avoid naso-gastric tube administration.
- e. Avoid ambo- bag on respiratory resuscitation

Ans:d

2- The most common type of congenital diaphragmatic hernia is caused by:

- a. A defect in the central tendon.
- b. Eventration of the diaphragm in the fetus.
- c. A defect through the space of Larrey.
- d. An abnormally wide esophageal hiatus.
- e. A defect through the pleuroperitoneal fold

Ans:e

3-There is an emergent consensus that the surgical repair of congenital diaphragmatic hernia is best done:

- a. Urgently at the bedside, eliminating the risk of transporting an unstable neonate.
- b. While on extracorporeal membrane oxygenation.
- c. When the patient is on minimal ventilator settings.
- d. Within the first 48 to 72 hours of life.
- e. Repair is not mandatory, the mortality rate is just 5%

Ans:d

Congenital Diaphragmatic Hernia /Mini Osce

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 : gasrointestinal loops in the chest ,mediastinal shift



Abdominal Pain / Mini Osce

1 what is the diagnosis ?

Intussusception

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



•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)



A case of 10 month y/o pt. came complaining of intestinal obestruaction 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



Abdominal masses/ Final

1- statements related to Wilms' tumor are true Except:-

- a. Persistence of the varicocele when the child is supine.
- b. May occur in Beckwith- Wiedemann syndrome.
- c. Primary surgical resection followed by chemotherapy.
- d. MRI shows the extension of the tumor to the intra-vascular
- e. Prevented cure when tumors are found in both kidneys

Ans:e

2- Which of the following is not characteristic of WAGR syndrome?

Select one:

- a. 30% risk of developing Wilm's tuour
- b. Absence of the iris
- c. Malformation of the genitourinary tract
- d. Mental retardation
- e. WT2 gene implicated

Ans:e

3- The main presentation of wilm's tumor is Select one:

- a. Abdominal mass.
- b. Hematuria.
- c. Pain.
- d. Hypertension.
- e. Weight loss.

Ans:a

4- About wilms (or abdominal masses) true except: Always unilateral

5- Concerning nephroblastoma (Wilm's tumor) all the following are TRUE, EXCEPT:

- A. Arising from embryonic nephrogenic tissue, so it is a mixed tumor
- B. Originally it is situated in one pole of the kidney, and bilateral cases occasionally are seen
- C. The most common presentation is a progressively enlarging abdominal mass noticed by the parents
- D. Progressive deterioration of general health, anemia and pyrexia are common manifestations
- E. The tumor spreads mainly by lymph to the para-aortic lymph nodes

Ans:e

Abdominal masses/ Final

6- Which of the following does NOT increase recurrence of tumor?

- a. Pre-operative core needle biopsy
- b. Resection lymph nodes at renal hilum, along iliac vessel and para-aortic regions
- c. Transecting ureter containing tumor
- d. Sustaining minor renal capsular tear during dissection from surrounding structures

Ans:b

7- With regards to abdominal masses, avoiding tumor rupture is critical to?

- A. Avoiding pathologic misinterpretation
- B. Intraoperative blood loss
- C. Not upstaging the patient
- D. Decreasing likelihood of postoperative intussusception
- E. Spuriously increasing tumor markers after surgery

Ans:c

8- With regards to abdominal masses, the goal of surgery may include?

- A. Staging
- B. Obtain tissue for diagnosis
- C. Resection of mass
- D. Help adjuvant therapy
- E. All the above

Ans:e

9- Where do most abdominal masses arise?

- A. Flank
- B. Intraperitoneal
- C. Pelvic
- D. None of the above

Ans:A

Abdominal masses/ Final

10-* In stage 4s neuroblastoma, complete resolution of liver metastasis results from; Select one:

- a. Radiotherapy
- b. Chemotherapy
- c. Surgery
- d. Natural resolution
- e. Hormonal therapy

Ans:d