



GENERAL SURGERY

MINI OSCE PAST PAPERS

لجنة الطب البشري – الجامعة الهاشمية





GI TRACT

(ESOPHAGUS , STOMACH,
INTESTINE)

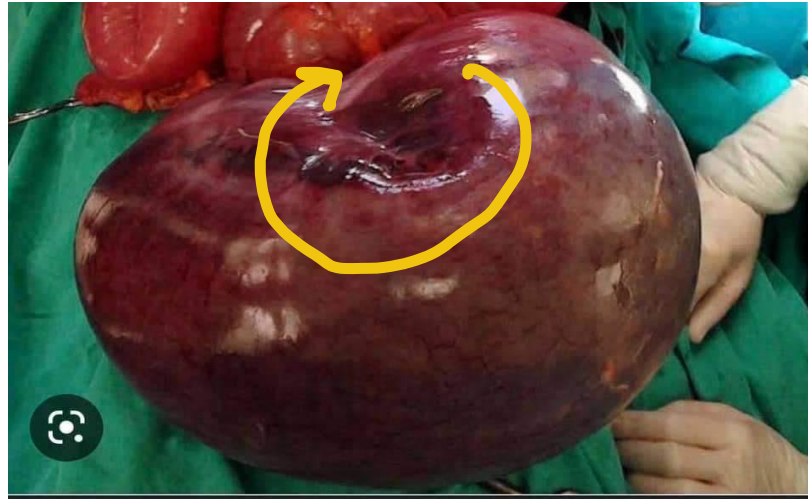


QUESTION

Yaqeen 2025

60 yo Patient bedridden with intestinal obstruction symptoms

1. What is the diagnosis?
- 2 mention 2 risk factors(causes):



ANSWER

1.colon Volvulus

2.bedridden (decrease motility of bowel) + chronic constipation, sigmoid tumor + elderly



• QUESTION

مسجد - دینی

Yaqeen 2025

15 y/o with hundreds of this lesions:

1. What is the diagnosis?
2. What is the cause?



ANSWER

if the Q mention other extraintestinal manifestation along to the lesion, then the answer is Gardner's syndrome

1- DDx : FAP (Familial adenomatous polyposis)

is Gardner's syndrome

2- the cause : hereditary (autosomal dominant)



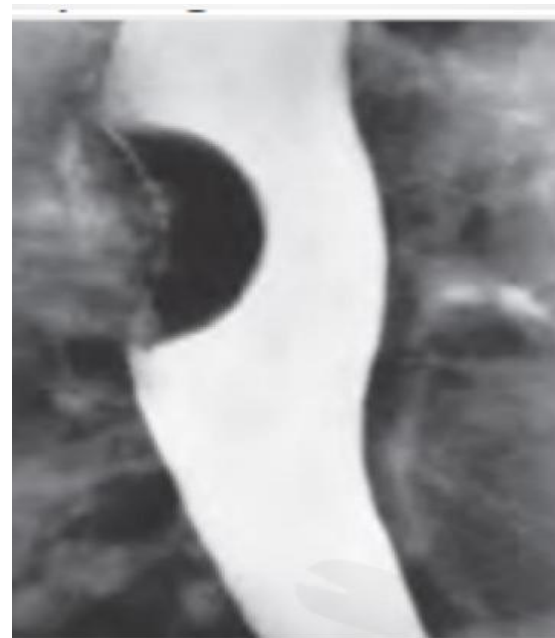
QUESTION

A young adult female with complain of dysphagia had this barium image.

A) Your Diagnosis?

B) What is the treatment?

C) dx



If it's giant, regurgitation of

chest pain
may occur

• ANSWER

- A. Esophageal leiomyoma *MC benign tumor*
- B. Excision
- C. *endoscopic ultrasonography & biopsy is contraindicated*



• QUESTION

Wateen 2023

this is barium swallow for the esophagus, what is the diagnosis?



• ANSWER

Leiomyoma



• QUESTION

Wateen 2023

60 year old male with chronic constipation, left iliac fossa pain and episodes of painless bleeding per rectum. Resection of affected segment of bowel had this gross appearance.

What is your diagnosis?

clear case without pic



• ANSWER

Diverticular disease



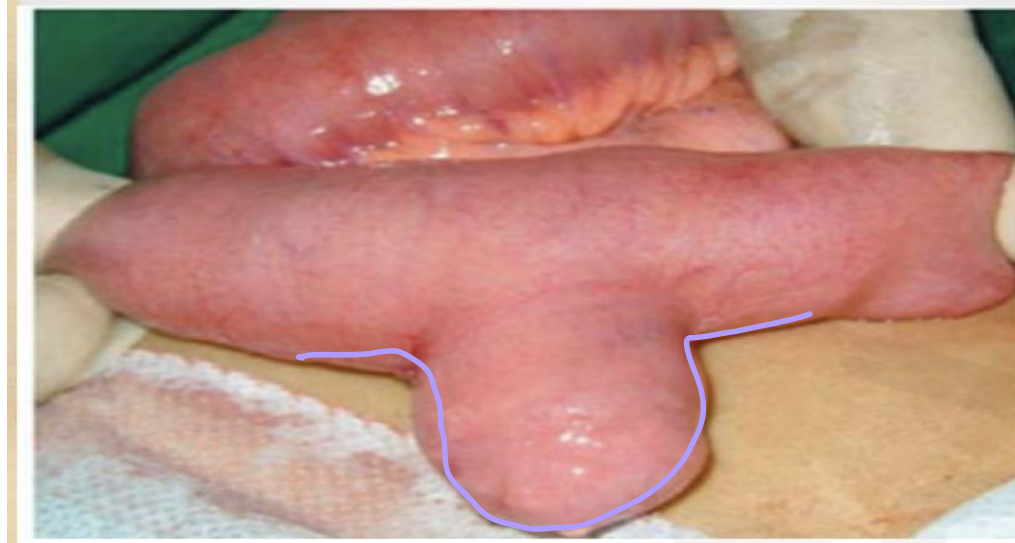
. QUESTION

Wateen 2023

During an appendectomy for an acute appendicitis for a 21 year old male, the surgeon encountered a structure as appears in this image

. A. Name this finding?

B. what is the best next step in management of this patient?



• ANSWER

A. Meckel's diverticulum

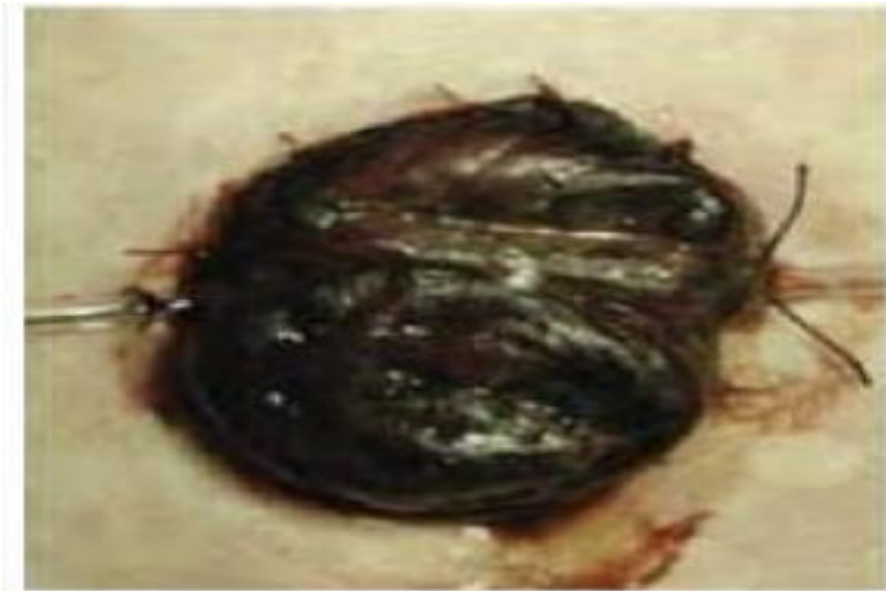
B. Diverticulum resection ,if inflammed - high fiber diet



• QUESTION

Wateen 2023

Name the finding



• ANSWER

It could be : ① Gist ② melanoma

Stromal tumor

Not sure

But there's no case presentation!!



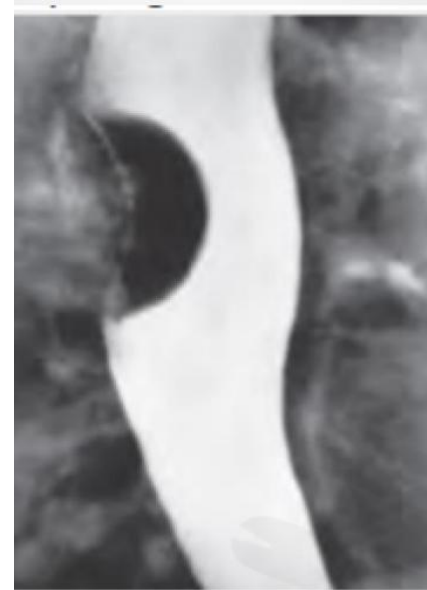
• QUESTION

Harmony 2022

7. This is a Barium swallow of the Esophagus, what is your provisional diagnosis?

- a. Nutcracker Esophagus
- b. Simple cyst
- c. Leiomyoma
- d. Adenocarcinoma

Answer: C



QUESTION

SOUL 2021

مكرر حلق يوزن

A 48-years old patient presented with acute abdomen. PMH shows atrial fibrillation. Laparotomy was done:

- 1: What is the Dx?
- 2: What is the most affected artery in this condition?
- 3: Appropriate management?



ANSWER :

1. Acute Mesenteric Ischemia
2. Superior Mesenteric Artery (main mesentric artery)
3. Resection & Anastomosis



• QUESTION

SOUL 2021

31 year old male, presented to ER after RT

A) Name the signs

B) What is the management

C) name 3 associated injuries



• ANSWER

MC cause is perforation of abdominal viscus

A. 1. Air under the diaphragm 2. Seat belt injury

IV Fluid + Ab + ↘

← B. Diagnostic Laparotomy and bowel repair

C) 1) Flail chest

2) Small bowel injury

3) Cervical spine injury



• QUESTION

SOUL 2021

في
الذي

female, with family history of colon ca, did this colonoscopy:

A) What is the diagnosis

B) What is the surgical management



• ANSWER

A. familiäre adenomatöse polyposis coli

B. Prophylaxis colectomy



• QUESTION

Gerd is associated with esophageal ca
SOUL 2021

40 yr old male , present with GERD symptoms

A) During history taking , name symptoms that indicate to do gastroscopy:

B) Mention an indication for anti-reflux surgery:

(No picture)



- upper abdominal
pain/mass

• ANSWER

indicates
esophageal
ca

A. Wt loss, atypical symptoms (pulmonary), no
response to prior medical ttt, ...

B. Failure of medical treatment
Complications like stricture, cough, aspiration

usually associated
with squamous cell ca

QUESTION

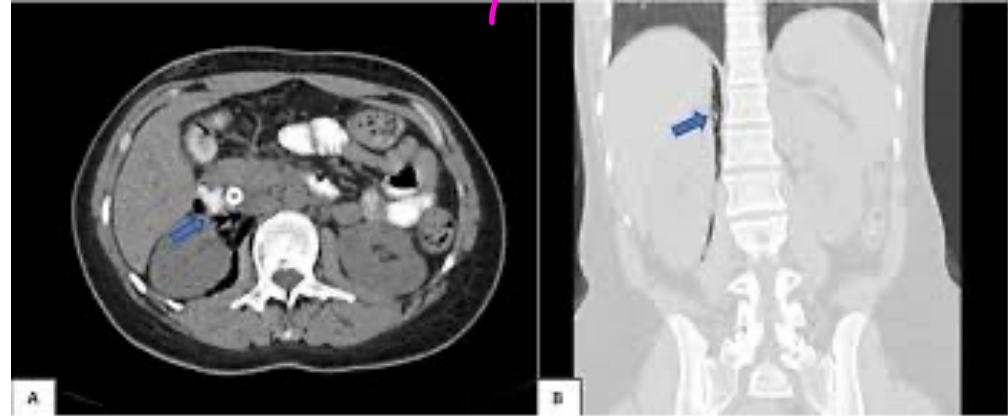
From google SOUL 2021

Pt presented with right lower fossa pain, nausea appendicitis, was suspected, Ct showed free fluids around duodenum

A) What is the diagnosis:

B) What is the next step in management:
(No picture)

2ry to
PU
perforation



• ANSWER

A. Valentino sign (read about it) \Rightarrow considered ddx to appendicitis

B. Appendectomy with bowel repair \rightarrow repair the ruptured PU

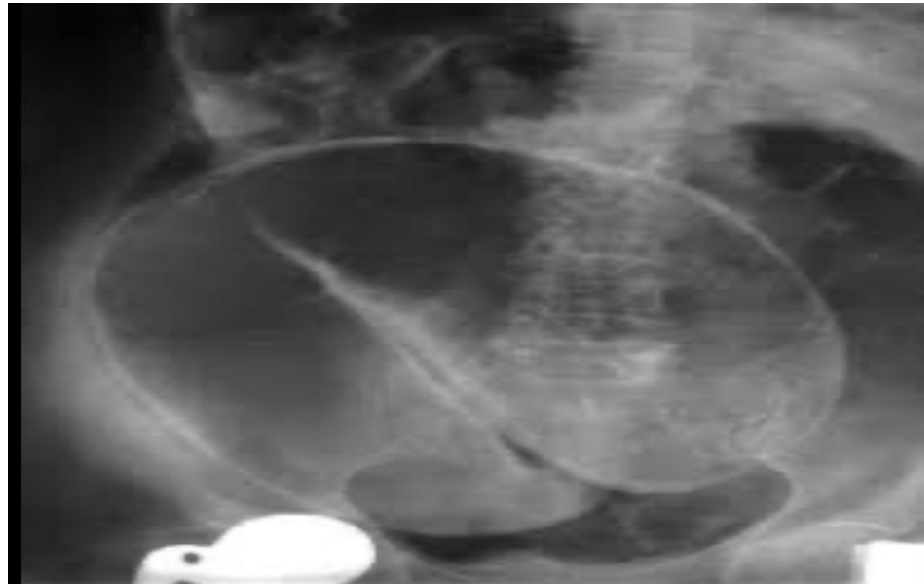


• QUESTION

سوال [4] رین

SOUL 2021

1. What is the name of this sign ?
2. Where is the Most common site?



• ANSWER

1. Coffee bean sign

2. in sigmoid colon



• QUESTION

فكر بمرن [6]

SOUL 2021

1. What is the name of this sign ?
2. Name the study ?
3. What is the definitive Dx?
4. Mention 2 modalities of Mx?



• ANSWER

1. Bird peak sign
2. Barium swallow
3. Achalasia
4. 1) Esophageal sphincter (Heller's) Myotomy 2) Balloon dilation

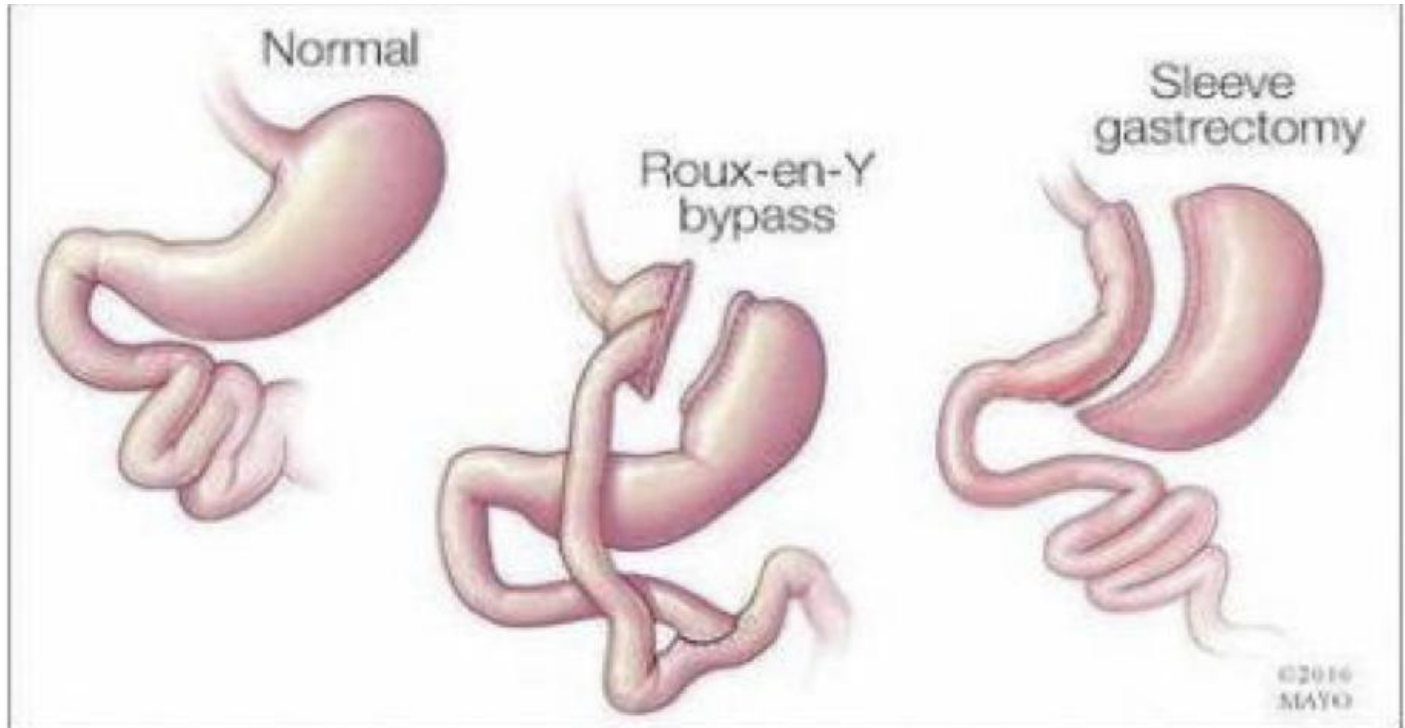


• QUESTION

فكر بينه []

SOUL 2021

Name the procedures :



ANSWER

1. Roux en y bypass
2. Sleeve gastrectomy

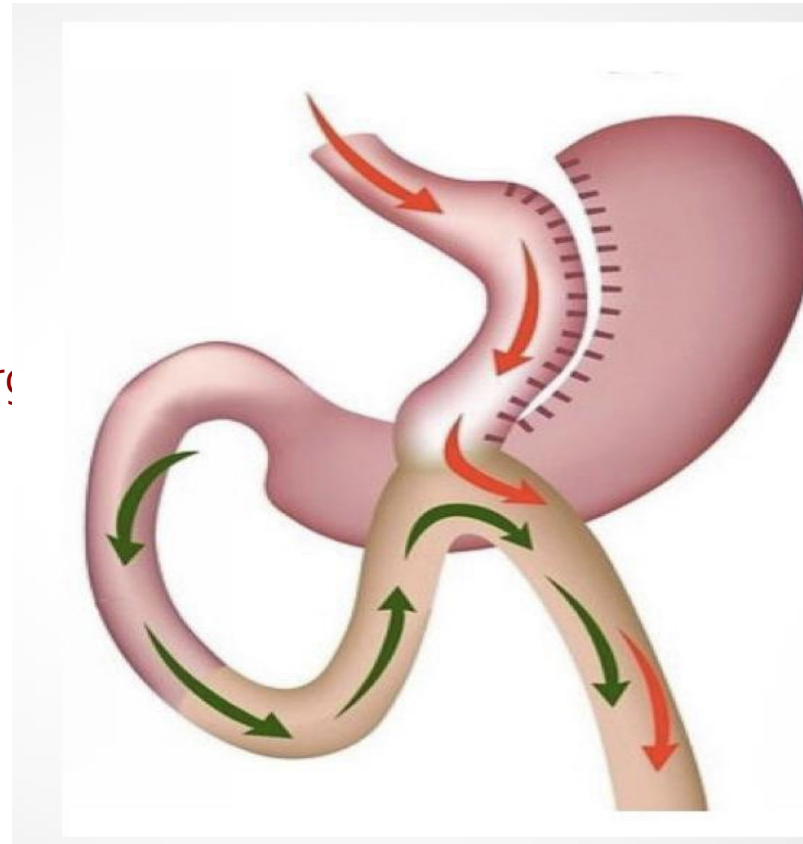


• QUESTION

فكر بين اي

SOUL 2021

1. Name this Surgery ?
2. Mention 2 mechanisms (types)?
3. What BMI is an indication for a surgery?



• ANSWER

1. Mini-Gastric By pass

2. 1) Roux-en-Y gastric bypass 2) Duodenal switch 3) Jejunoileal bypass

3) >35



>35-40 without metabolic dz
>30 with metabolic dz

حسب مستقن حكمة
متى حسب ار
new guidelines



• QUESTION

IHSAN 2020

colangitis usually (20-40 yrs)

A 40-years-old female, previously healthy, presented with acute abdominal pain, fever and itching

→ obstructive jaundice

A. What is the diagnosis?

B. What is the next imaging test to order for this patient?



• ANSWER

A. Ascending cholangitis

triad [RUQ pain, Fever, Jaundice)

B. Some said ERCP & ~~some said MRCP~~

the definitive dx is ERCP or PTC

حسب المسائل



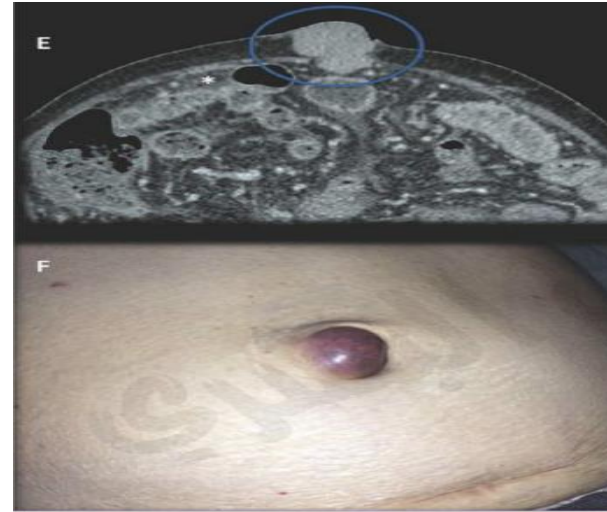
• QUESTION

مورد یون ۸

IHSAN 2020

A 50-years old male patient has recently become cachectic and developed ascites

1. Name the findings on examination (lower picture) and CT scan .(upper picture)
2. Mention 2 possible underlying sources for .this lesion



• ANSWER

1. Sister Mary Joseph Nodule

2. GI cancers, Gynecological cancers, Melanoma



• QUESTION

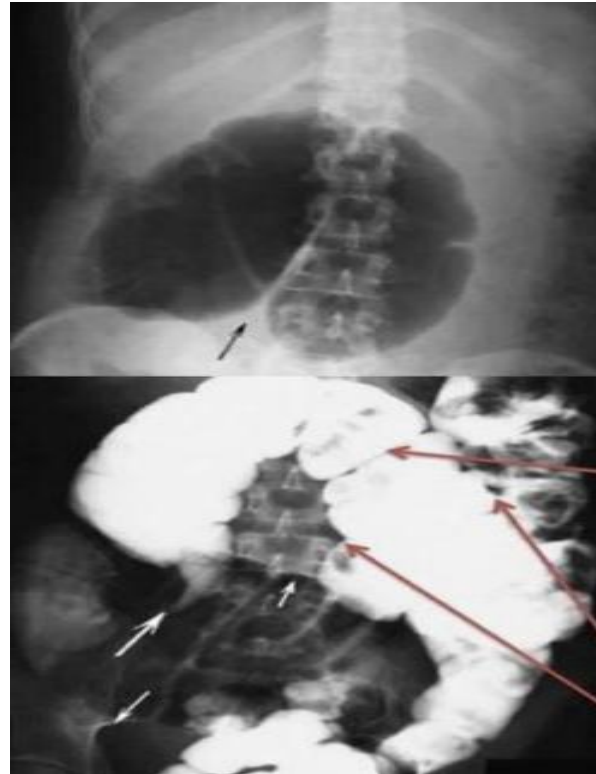
عبد الرحمن

IHSAN 2020

1: What is the study?

2. What is the Dx ?

3. What is the Mx ?



• ANSWER

1. Barium Enema

2. Volvulus

3. Detorsion



• QUESTION

عبدالرحمن

IHSAN 2020

A Patient that needed to reduce weight ASAP, and this surgery was :done

1: Which procedure is this?

2.: mention 2 Complications for it?



• ANSWER

I. Gastric Sleeve

II. Complications: 1) Blood clots. 2) Gallstones 3) Hernia. 4) Internal bleeding 5) Leakage. 6) Perforation 7) Stricture

← اول اجابة
و اول فقرة

Common 5



• QUESTION

IHSAN 2020

I: What is this?

II: Name 2 pathologic finding?

III: Name 2 therapeutic procedures done with it?



• ANSWER

I. Colonoscopy

II. 1)Angiodysplasia Diverticulosis (2 Colon tumor (3 Polyps, 4)masses

III. 1) Laser Ablation
2)Polyps Resection



• QUESTION

2019 – Before



1. What is the name of this modality of investigation?

2- what is this pathology?

3- how do we treat those patients in uncomplicated cases?

4. What is the pathology?



• ANSWER

1. Abdominal Ultrasound

2. Intussusception

3. Resuscitation, Hydrostatic (pressure) reduction using gas air or barium enema

4. Intussusception



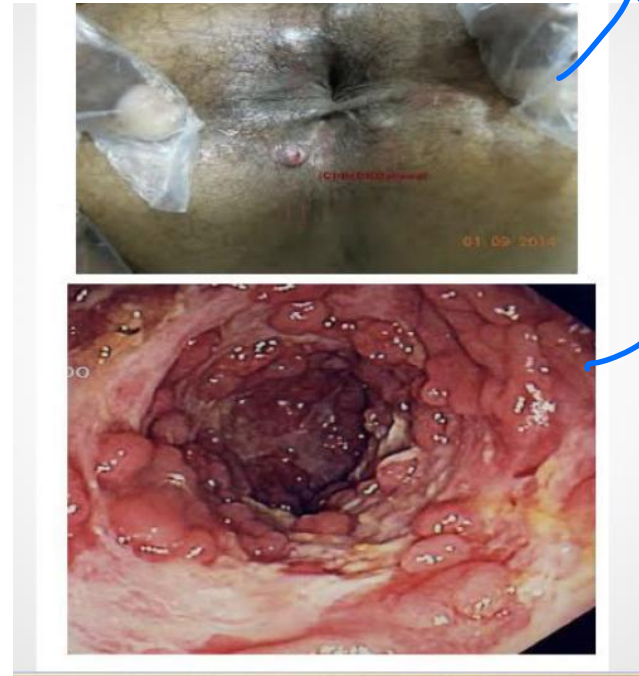
QUESTION

2019 – Before

رئة صلبة

Female patient came complaining from fistulas and other symptoms.
Colonoscopy was done

1. What is the likely diagnosis ?
2. What are the patients usual symptoms ?
3. How do we treat those patients ?



Fistula
Cobble Stone

• ANSWER

1. Crohns Disease

2. abdominal pain, fever, weight loss, diarrhea

3. I am not sure if they wanted a surgical or medical approach

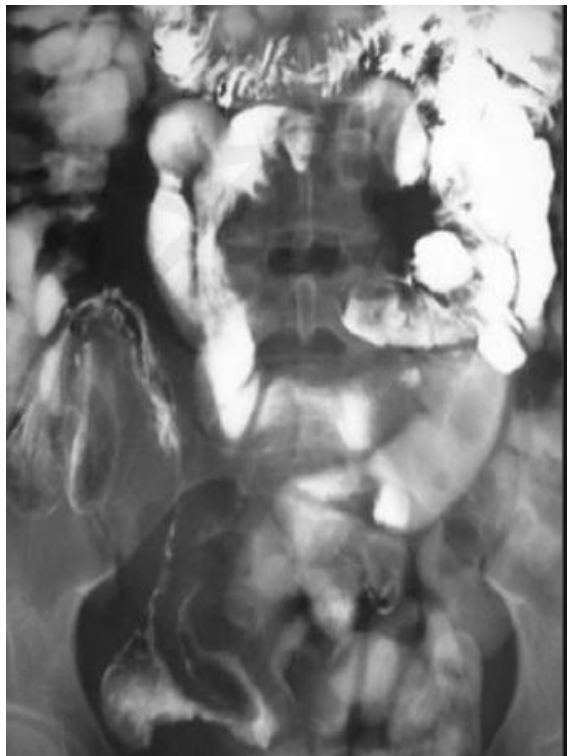
medical= 6 mercaptopurine and steroids

Surgery → For Fistula or (abscess if found)
 → colectomy
 → proctocolectomy



OTHER PICTURES FOR THE PREVIOUS QUESTION

بزن فکور 11



• QUESTION

gi قس
pedi

2019 – Before

2-month-old male with abdominal distention and history of delayed passage of meconium at birth.

1. • Name this imaging study
2. Name the gold standard diagnostic method for this problem



• ANSWER

1. Contrast/ barium enema

2. Rectal biopsy

Note: diagnosis is Hirschsprung's disease



• QUESTION

فقدان وزن ١٣

2019 – Before

This is an abdominal x-ray of 40-year-old patient known case of ulcerative colitis and presented with abdominal pain and increasing abdominal distension

1. What is the most likely Diagnosis?

2. Mention one possible complication



• ANSWER

1. Toxic dilatation of transverse colon (toxic mega-colon)

2. perforation + severe bleeding & dehydration + osteoporosis

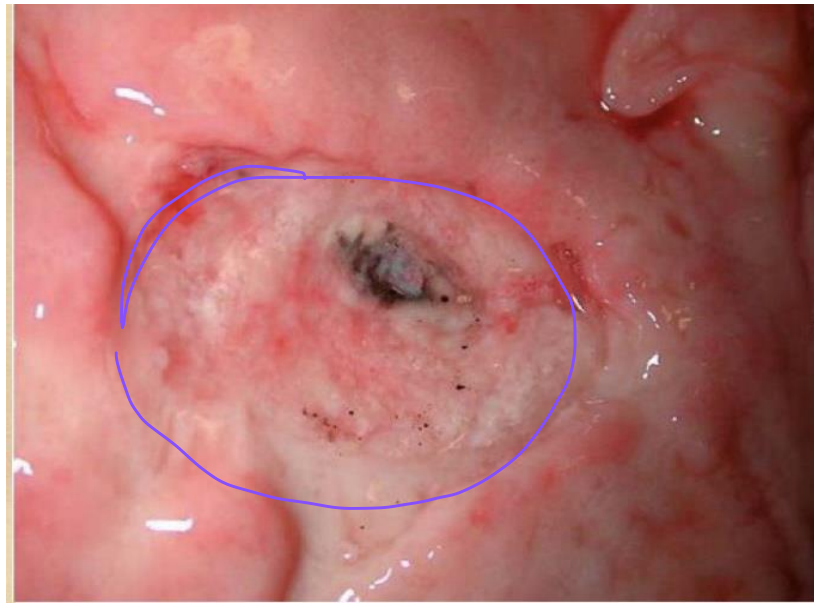


• QUESTION

2019 – Before

While performing an upper GI endoscopy, you saw this lesion in the stomach

1. Describe what you see
2. What is the most likely diagnosis
3. What is your next step?



• ANSWER

1. Ulcer

2. Gastric Cancer

3. Biopsy



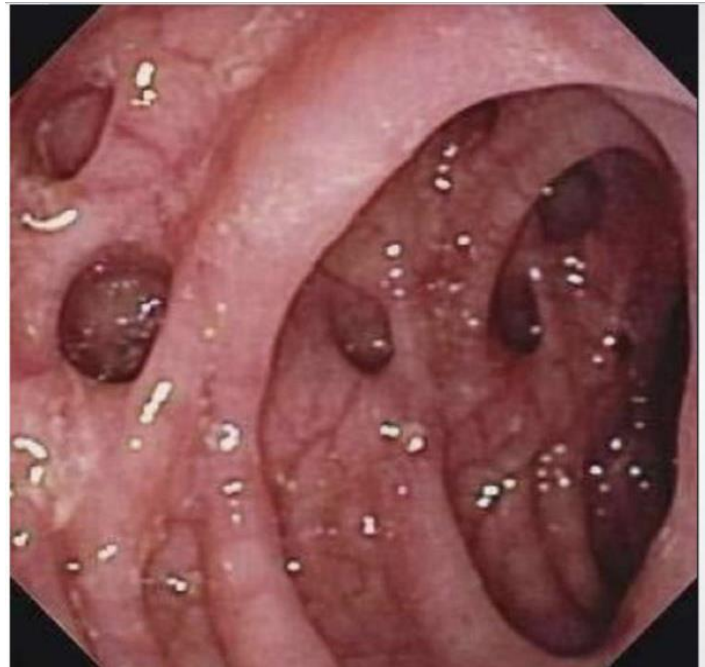
QUESTION

2019 – Before

فكر برون ١٤

While performing a colonoscopy you found this abnormality

1. Name this pathology
2. What is the most common location
3. Mention 2 possible complications



• ANSWER

1. diverticular disease

2. sigmoid colon

3. Bleeding, perforation, stricture, diverticulitis



• QUESTION

2019 – Before

فورد لیون ۱۴

1. What is the Dx?

2. the bowel was viable and not gangrenous, what to do?



• ANSWER

1.Volvulus (Midgut)

2.Viable SB > Close and observe



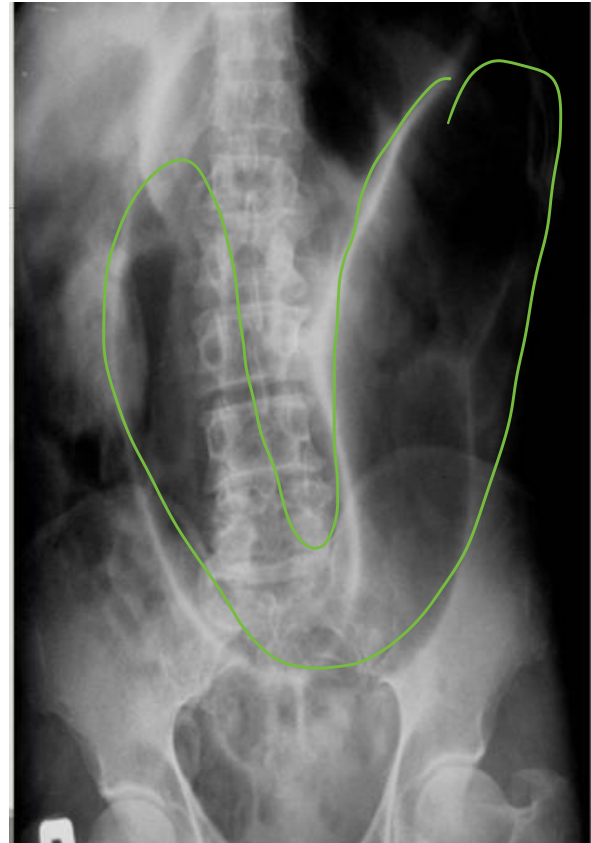
• QUESTION

2019 – Before

عسر عظمي
7

1. What is the diagnosis?

2. most common site?



• ANSWER

1.Sigmoid volvulus

2.Sigmoid colon



• QUESTION

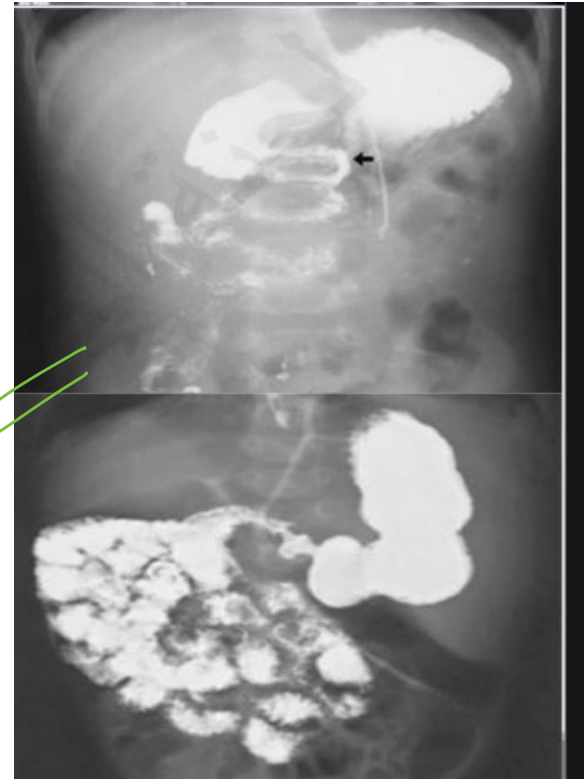
فكر في ذلك

2019 – Before

1. What is the study?

2. What is the pathology / Clinical ER Presentation?

في الصورة / ملف
Notes



• ANSWER

1. Barium meal

2. Midgut volvulus due to malrotation



• NOTE

عوارض

| Name | Region & info | Indications |
|------------------------------|---|--|
| Barium Swallow | to visualize the area from the mouth to the stomach (esophagus) | a. Symptoms of gastro-esophageal reflux b. Dysphagia, related to: Esophageal (Web, stricture, tumor, achalasia), vascular abnormalities |
| Barium Meal | Double contrast (gas+barium) to visualize the stomach and the duodenum | a. Gastro-esophageal reflux b. Gastric or duodenal ulcer c. Hiatus hernia d. Gastric tumors |
| Barium follow-through | To visualize the small intestine, taken every 1/2 hr till we reach the large intestine (stool white) | a. IBS (crohns mostly) b. small bowel tumor/lymphoma (filling defect) c. Small bowel obstruction |
| Barium Enema | Double contrast (barium + air), to visualize the colon, and it's the only contrast given in the rectum (by Folly's) | a. Abdominal mass b. Large bowel obstruction / volvulus c. Diverticular disease d. Colonic tumor |



• QUESTION

2019 – Before

صغير يون
16

1. This is a picture of obstruction, Is it partial/complete? Why?



• ANSWER

Partial obstruction - Because there is air in rectum



• QUESTION

2019 – Before

17X 5/5/19

case of UC, with a history of bloody diarrhea and abdominal pain:

1. What is the abnormality?

2. What is the abnormality?



• ANSWER

1. Transverse Toxic megacolon

2. Perforation - Peritonitis



• QUESTION

2019 – Before

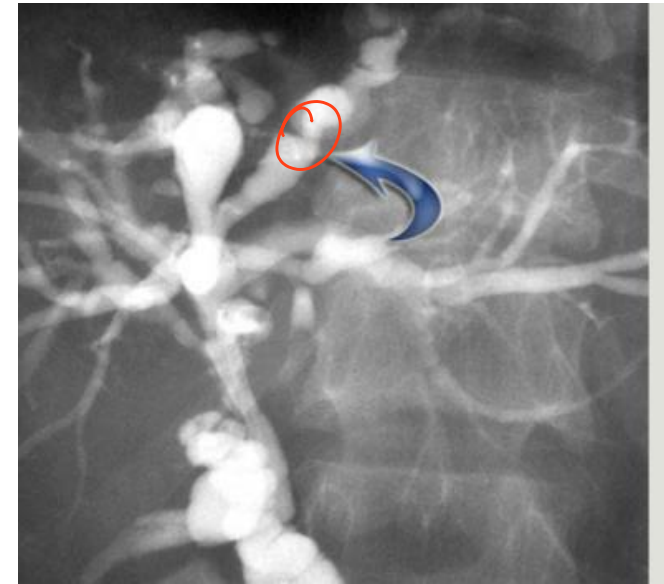
1. What is the Dx?

2. Which disease is associated with it?

3. Which type of malignancy the patient may develop?

4. Diagnostic test?

Handwritten red text:
17x
0.5-1.5cm



• ANSWER

1. primary sclerosis cholangitis (Beading)
2. Ulcerative colitis
3. Cholangiocarcinoma
4. ERCP



• QUESTION

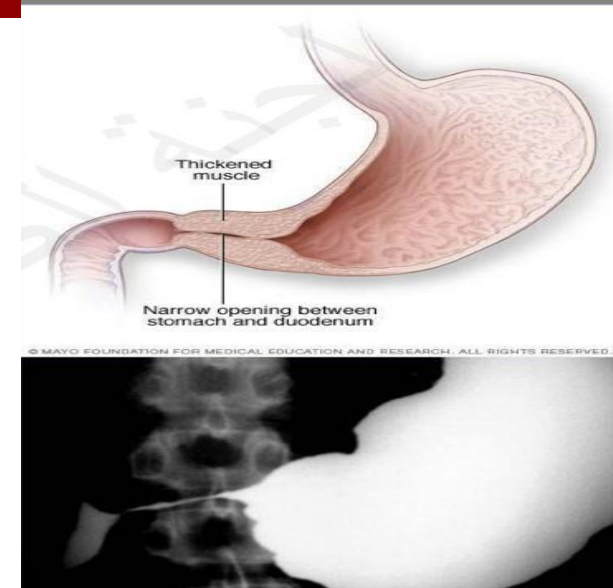
2019 – Before

قصة 18

18

A 55 years old patient with PUD came with forceful vomiting

1. What is the pathology?
2. What is the electrolyte disturbances the patient has?
3. What is the gold standard for Dx?
4. Mention 2 causes?



• ANSWER

1.gastric outlet obstruction (pyloric obstruction) – Pyloric Stenosis

2.hypokalemic hypochloremic metabolic alkalosis

✓
3.US "~~not sure~~"

4.1)Gastric Carcinoma 2) Peptic ulcer disease (PUD)



• QUESTION

Handwritten Arabic text: "سؤال" (Question) and "19" circled in red.

2019 – Before

What is the diagnosis?



• ANSWER

Peutz-Jeghers syndrome

Note: PJS is an autosomal dominant inherited disorder characterized by intestinal hamartomatous polyps in association with a distinct pattern of skin and mucosal macular melanin deposition



• QUESTION

2019 – Before

Appendicitis Scenario

1. What is the pathology?
2. What is the name of its scoring system?
3. What is the sequence of the pain?
4. Write 2 features found on US?

2019/15/150



• ANSWER

1. Acute Appendicitis

2. Alvarado scoring system

3. Visceral somatic sequence of pain

4. 1) Blind-ending tubular dilated structure >6mm 2) Appendicolith with acoustic shadow 3) Distinct appendiceal wall layers 4) Peri appendiceal fluid collection 5) Peri appendiceal reactive nodal enlargement



• NOTE ALVARADO SCORING SYSTEM (APPENDICITIS)

| Mnemonic (MANTRELS) | Value |
|--|-------|
| Symptom | |
| Migration | 1 |
| Anorexia-acetone | 1 |
| Nausea-vomiting | 1 |
| Signs | |
| Tenderness in right lower quadrant | 2 |
| Rebound pain | 1 |
| Elevation of temperature $>37.3^{\circ}\text{C}$ | 1 |
| Laboratory | |
| Leukocytosis | 2 |
| Shift to the left | 1 |
| Total score | 10 |



• QUESTION

2019 – Before

Patient with a history of lower GI bleeding & this is his colonoscopy:

1. What is the diagnosis?
2. the Cause?
3. the management?
4. What is the most common site?



قسط 21
21

• ANSWER

1. Angiodysplasia

2. Atherosclerotic cardiovascular disease

3.1) Laser 2) Electrocoagulation 3) Surgery

4. the cecum or ascending colon



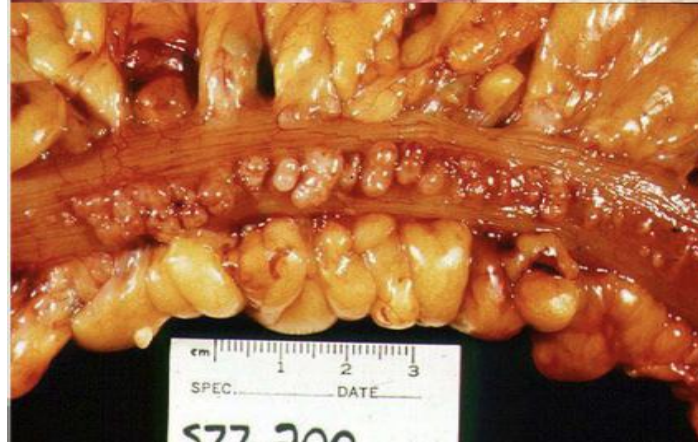
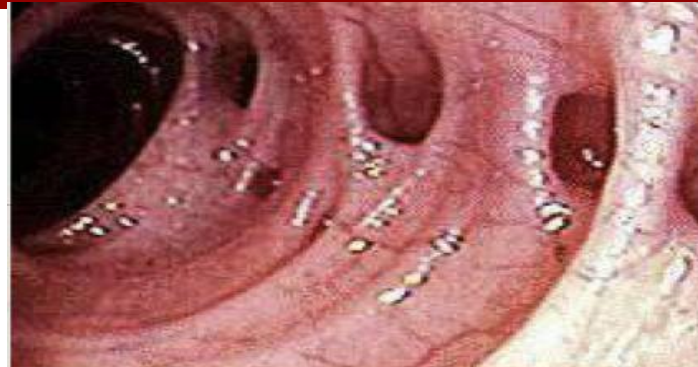
• QUESTION

2019 – Before

1. What is the Dx?

2. mention 2 complications?

3. What is the most common site?



Handwritten Arabic text: "عقود كبيرة" (Large polyps)

• ANSWER

1.Diverticulosis

2.1) Infection 2) Perforation 3) Obstructio

3.Sigmoid colon



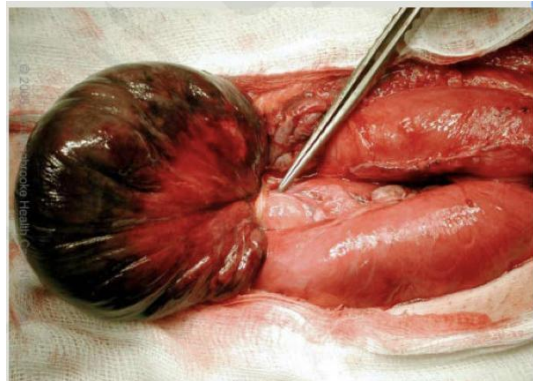
• QUESTION

2019 – Before

Patient presented with painful lump in his belly button:

1. What is the Dx?

2. if the bowel bowel still the same despite of all measures, what's your next step?



• ANSWER

1. Strangulated Hernia

2. Resection and Anastomosis



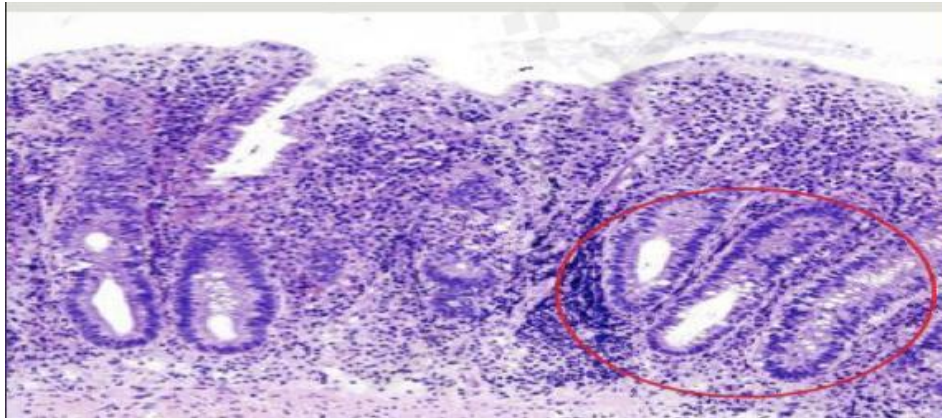
• QUESTION

2019 – Before

فقر دم
23

1. What is the diagnosis?

2. Mention 2 drugs used in the management:



• ANSWER

1. Ulcerative colitis

2.1) Steroid 2) Azathioprin

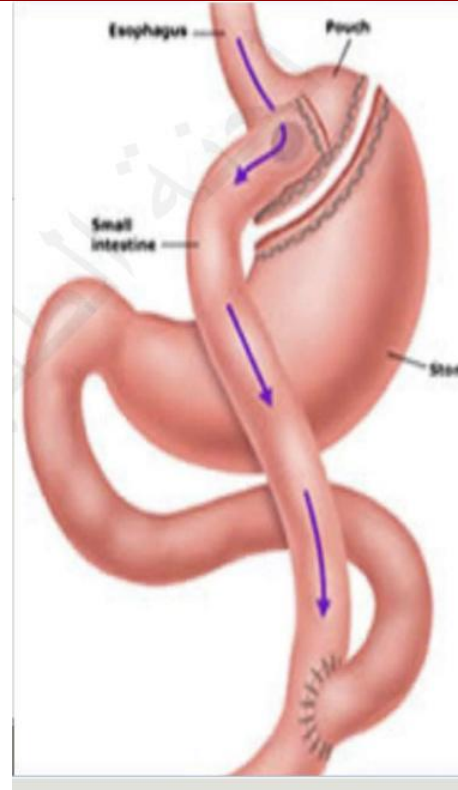


• QUESTION

2019 – Before

1. Name this surgery?

2. Mention 2 mechanisms?



فجر - جون
24

• ANSWER

1. Roux-en-y bypass
 - 2.1) decrease gastric absorption
 - 2) Early satiety



• QUESTION

2019 – Before

You are doing endoscopy and you found this lesion?

1. Describe what you see?

2. What is the likely Dx?

3. Next step in Mx?



Handwritten Arabic text: "25" and "25" (likely referring to the size of the lesion in cm).



• ANSWER

1. comment on the shape, size, location, color, presence of necrosis, discharge, etc..

2. Stomach cancer or ulcer

3. Biopsy



• QUESTION

2019 – Before

You are doing endoscopy and you found this lesion; pain is relieved by eating and exacerbated in empty stomach?

1. What is the likely diagnosis?

2. name 2 complications?



26
26

• ANSWER

1. Peptic (duodenal) ulcer

2. Perforation, Bleeding

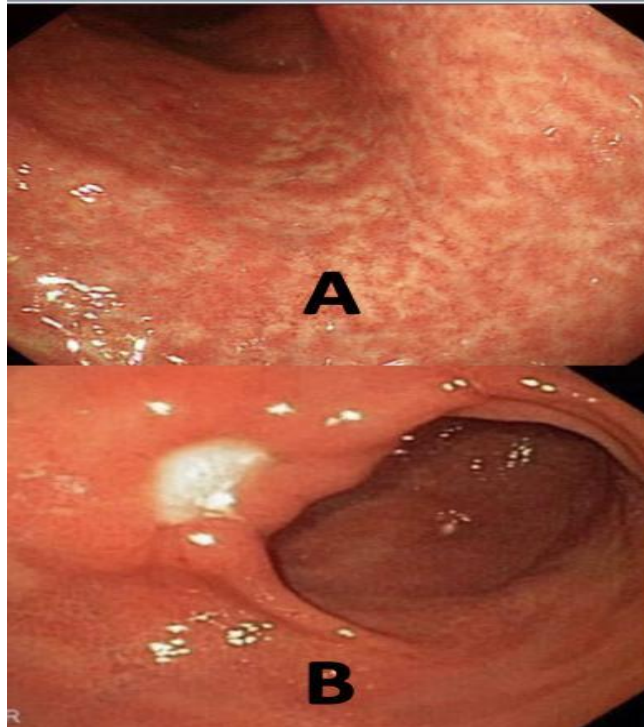


• QUESTION

2019 – Before

1. What is A and B?

2. Name 2 causes?



قسط 27
-03-

• ANSWER

1. A > Gastritis "not sure" B > Duodenal Ulcer

2.1)) NSAID 2) H. Pylori



• QUESTION

2019 – Before

Picture of GIST (Gastrointestinal Stromal Tumor):

1. What is the most common site?
2. What are the cells of origin?

2019
2018



• ANSWER

1. Greater curvature

2. cells of cajal

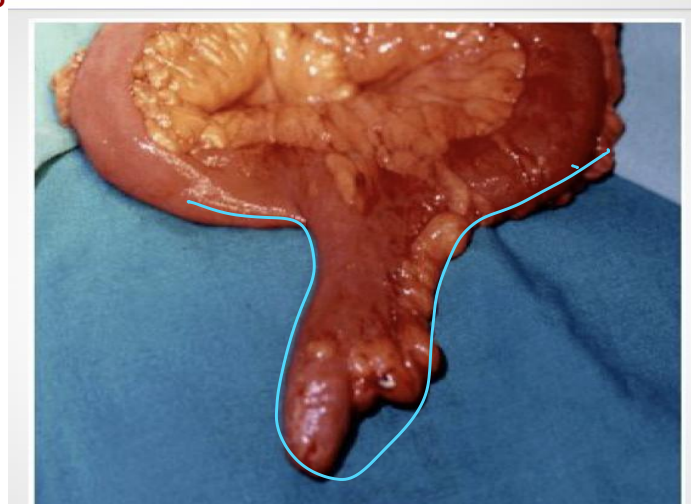


• QUESTION

2019 – Before

16 years old female patient with 24 hours complaint of right lower abdominal pain, this pathology was found in the distal small bowel

1. What is the pathology shown?
2. This structure is the remnant of which embryological duct?
3. Name 3 possible complications for this structure :
4. Mention One common ectopic tissue you can find?



• ANSWER

1. Meckel's Diverticulum

2. omphalomesenteric duct

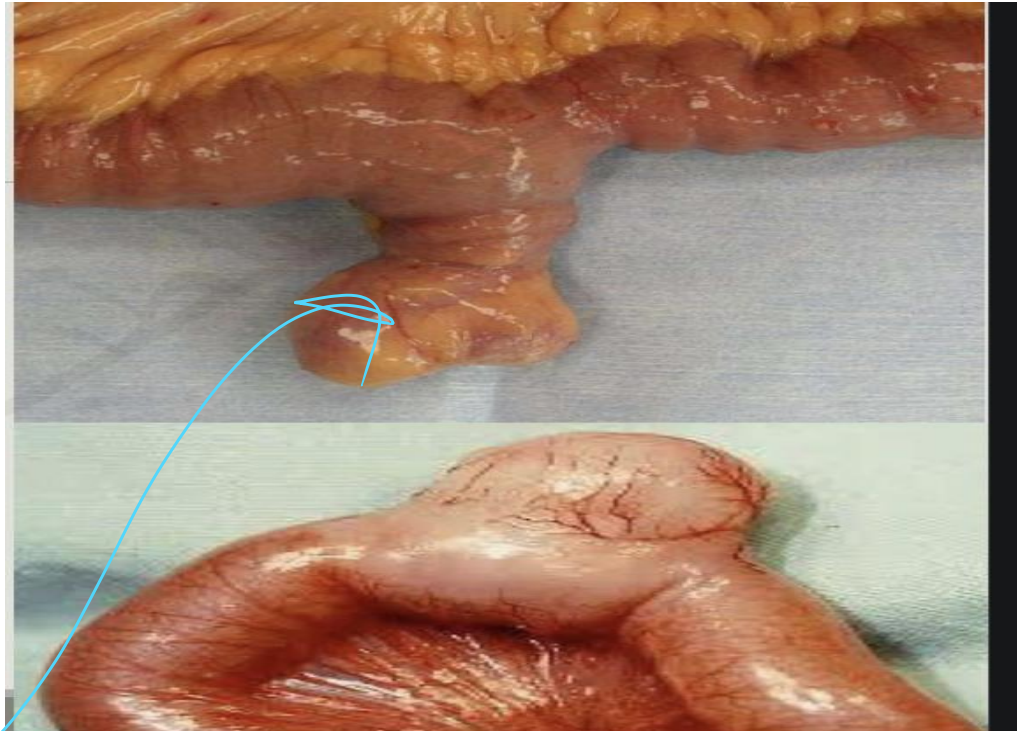
3. Intestinal hemorrhage, Intestinal obstruction, Diverticulitis

4. Gastric and pancreatic tissues



OTHER PICTURES FOR THE SAME QUESTION

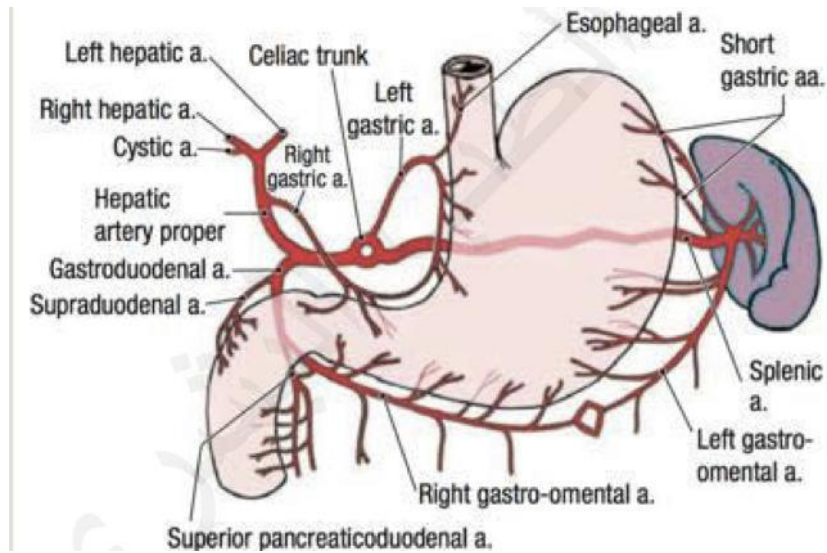
فقر الدم
بجانب
السرطان



• QUESTION

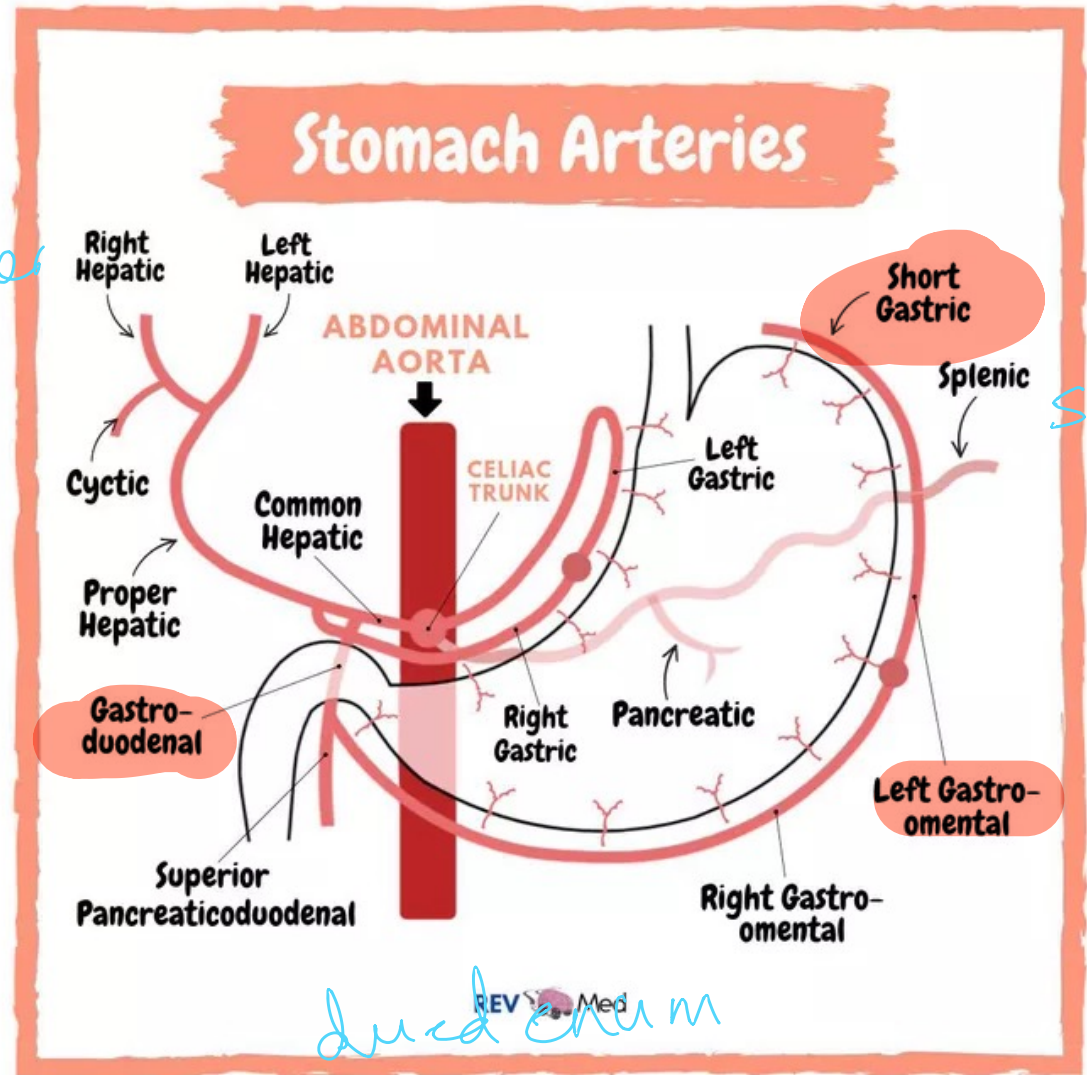
2019 – Before

Question was asking about the following arteries?



• ANSWER

- 1- Left gastroepiploic artery
- 2- Gastrooduodenal artery
- 3- Short gastric arteries



• QUESTION

2019 – Before

جس
س
29

1. Define Barret's esophagus?

2. What common type of cancer you will see?



• ANSWER

1. Change in the normally squamous lining of the lower esophagus to columnar epithelium (metaplasia)

1. Adenocarcinoma



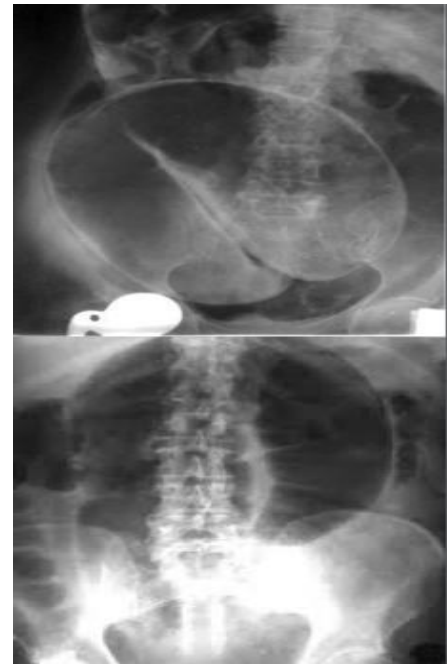
QUESTION

2019 – Before

30 مقررہ سوالات

presented with sudden severe pain and abdominal distension:

1. What is the sign?
2. Name the signs you?
3. What is your diagnosis?
4. the most common site
5. What is the management?
6. Mention 2 causes for this condition?



• ANSWER

1. Coffee bean sign
2. 1) Dilated large bowel 2) Coffee bean sign
3. Sigmoid volvulus
4. in Sigmoid colon
5. Resuscitation And untwist (detorsion) the bowel and go for surgery (this is done by means of sigmoidoscopy or colonoscopy)
6. Chronic constipation - Sigmoid tumor



عمر 31

2019 – Before

• QUESTION

woman living in a rural area presents with pressure symptoms and her US reveals the following image.

Q1: What is the name of this sign?

Q2: Most probable etiology for this sign?



• ANSWER

1. Water lily sign
- 2.- Caused by tapeworm *Echinococcus granulosus*
 - Another cause is *E. multilocularis*



• QUESTION

عسر برزق 32 2019 – Before

1. What is the study?

2. What is the pathology?



• ANSWER

1. Barium meal

2. Midgut volvulus



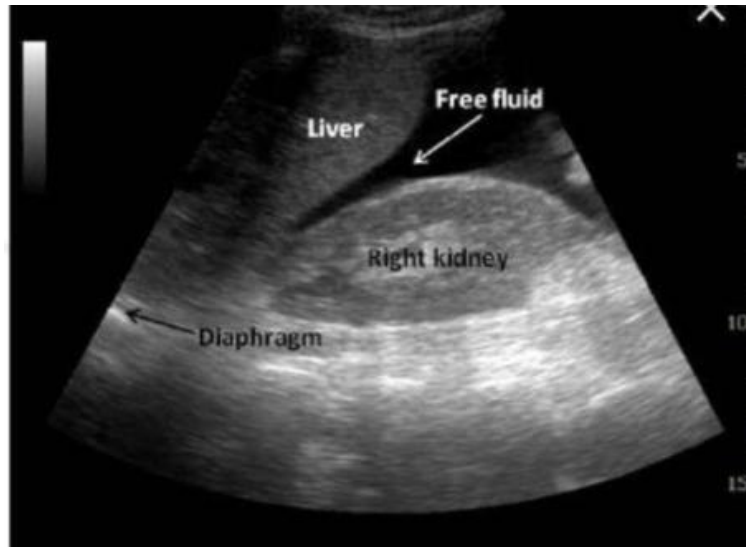
• QUESTION

صعرة
يوان
33

2019 – Before

1. What is the finding?

2. The Diagnosis?



• ANSWER

1.Fluid in Morrison's pouch

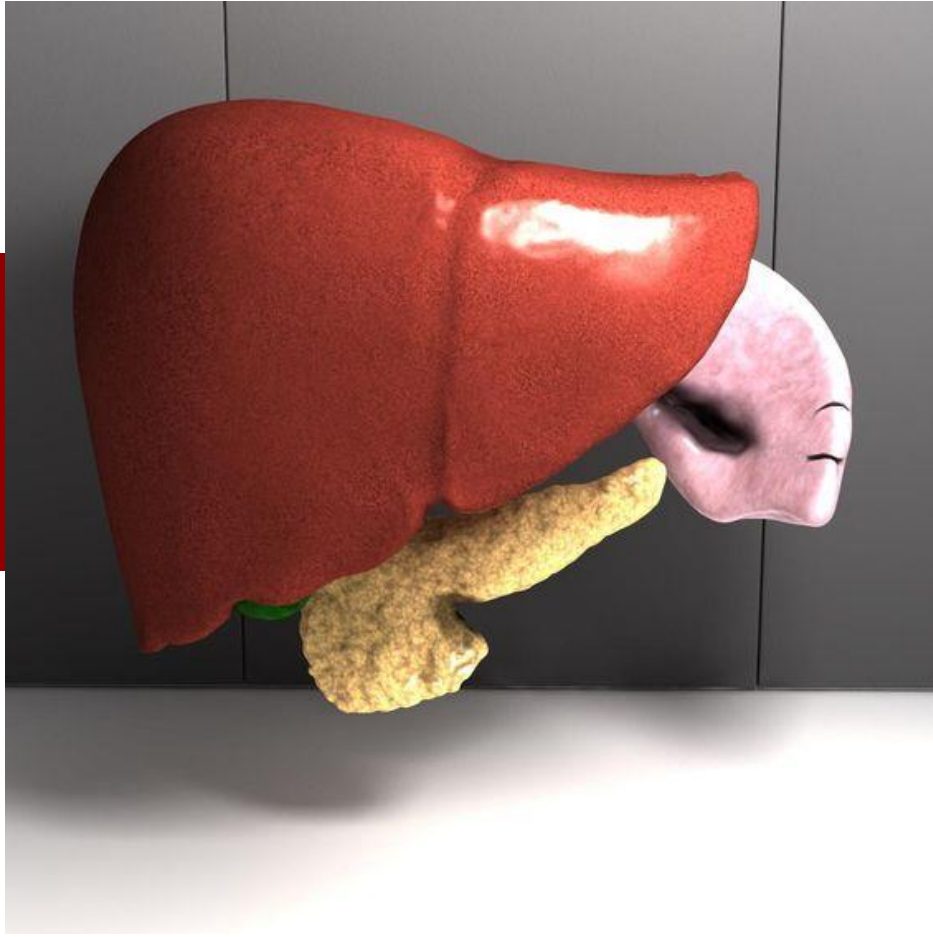
2.Hemoperitoneum(blood)

Ascites(fluid)

Note

Morison's pouch: The hepatorenal recess is the space that separates the liver from the right kidney.**





LIVER , SPLEEN , PANCREAS, GALLBLADDER & ADRENALS



QUESTION

مسعود
يون 34

Yaqeen 2025

1. What is the diagnosis?
2. What is the investigation?
3. Mention 2 drugs used in the management:



• ANSWER .

1. Hydatid cyst
2. CT scan
3. Albendazole ,Mebendazole



• QUESTION.

Hope 2024

Name two possible tumor markers for this lesion

*hepatocellular
ca*



• ANSWER

CA 19,9 , alpha feto protein



• QUESTION

Hope 2024

35 Year old female patient presented with acute abdominal pain and epigastric tenderness. The CT scan confirmed the diagnosis of acute pancreatitis?

1. Is there any prognostic value for serum amylase or serum lipase?
2. What are the two commonest causes of acute pancreatitis?

Handwritten Arabic text:
الاسئلة - Hope -
الاسئلة



• ANSWER

A. lipase

B. Gallstones , alcohol



QUESTION

Hope 2024

ascending
cholangitis

30 day old with yellowish discoloration of skin and sclera

1. Name 2 diagnostic imaging modalities helpful in diagnosing this condition pre-operatively?
2. Name the most likely surgical diagnosis after excluding all medical conditions?

causes of
obstructive jaundice

colangitis

as hepatitis & hemolytic
d2



• ANSWER

I think the answers are wrong

A. Mrcp, ct

B. ercp

→ I think (ERCP & PTC) as they're considered the definitive dx procedures

obstructive jaundice
caused by ascending cholangitis

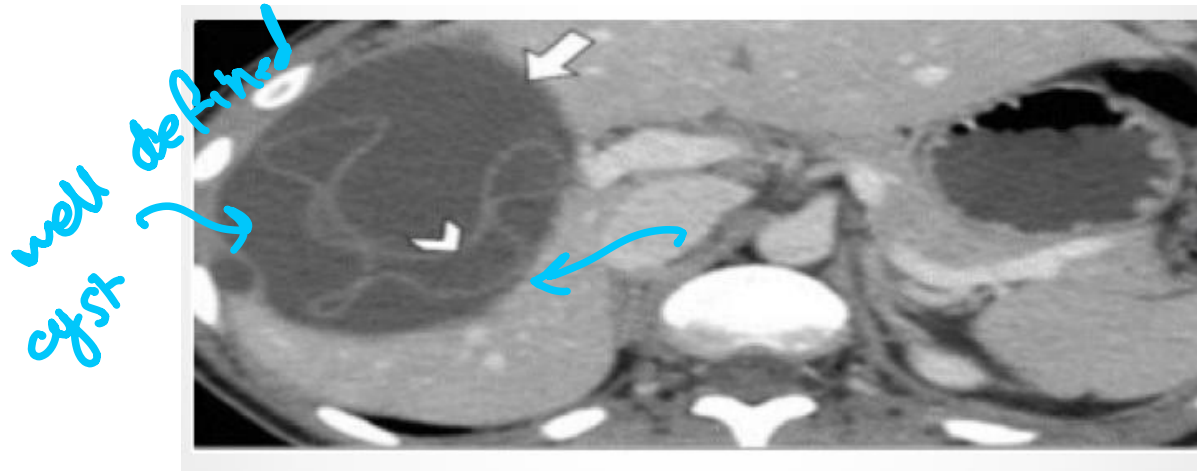


• QUESTION

This is a liver CT scan for a 22 years male patient with RUQ Pain

A) What is the diagnosis? ✓

B) Mention other possible site for this pathology? ✓



• ANSWER ;

A. Hydatid cyst

B. Lung - long bone



• QUESTION

Wateen 2023

This 40 year old male patient with history of cholecystectomy 3 weeks ago presented with painless jaundice, pale stool and dark urine.

- A) The diagnostic imaging for this patient is?
- B) Mention two causes for obstructive jaundice?



• ANSWER

A. ERCP

B. tumor and common bile duct stone - liver cirrhosis

نفس الكبد
تضيق
و كان ضمير ال كبد

① CBD stones

② head of the

③ liver

④ Ampulla of pancreas CA

⑤ Ampulla of Vater tumor

• QUESTION

Wateen 2023

45 year old male known case of hepatitis C for 10 years duration, presented with abdominal distention as in this image.

A. What is your spot diagnosis?

B. mention a clinical maneuver to prove your diagnosis?



- ANSWER



Simple

A. Ascites

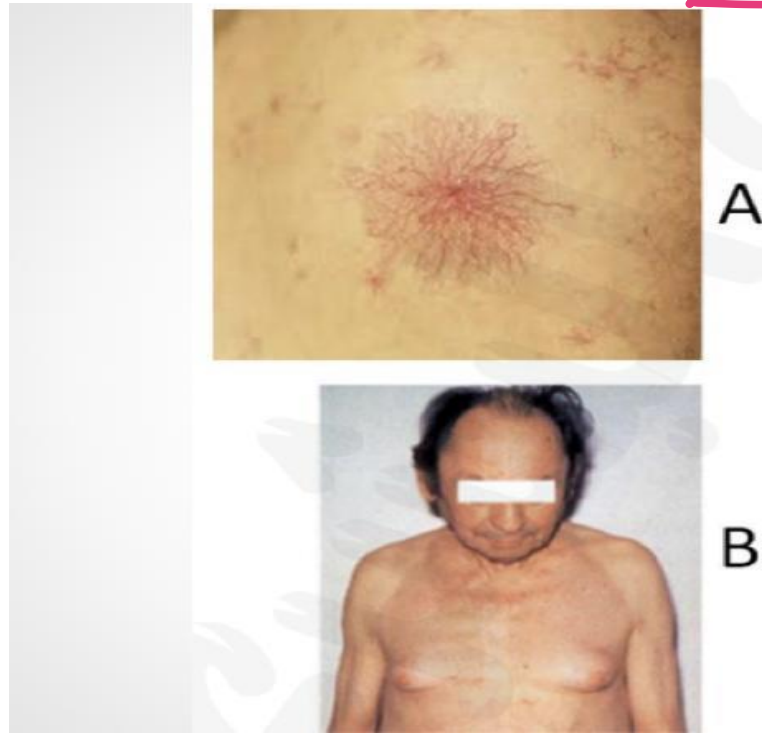
B. Fluid thrill and shifting dullness



• QUESTION

Wateen 2023

Name these abdominal and chest physical signs in this jaundiced male Patient



Chronic Liver dz



• ANSWER

A. Spider nevi

B. Gynecomastia



• QUESTION

Harmony 2022

13. All of the following are possible early post operative complication of trauma related splenectomy except

- a. Wound infection
- b. Bowel injury
- c. Pneumococcus pneumonia
- d. Abscess formation
- e. Bleeding

Answer: C

Image not found



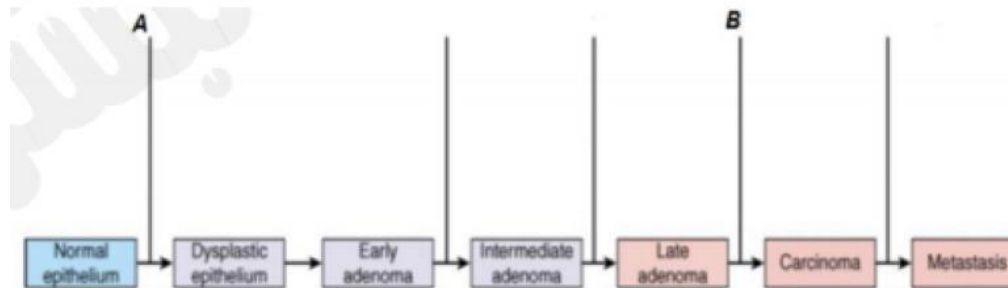
• QUESTION

Harmony 2022

19. The gene at site B is:

- a. FAP
- b. KRAS
- c. APC
- d. P53

Answer: D



QUESTION

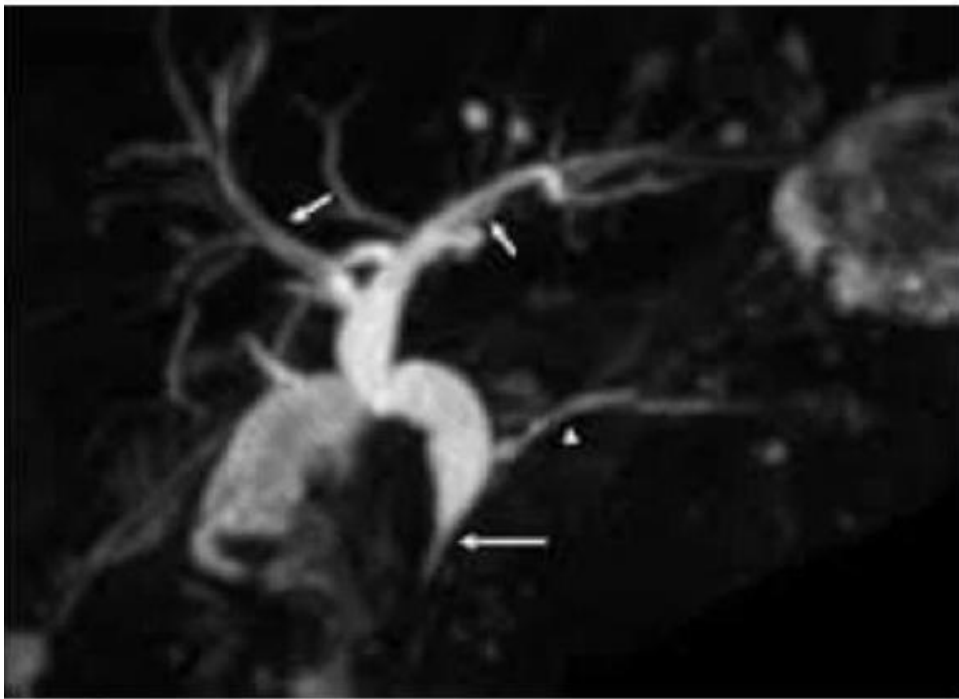
Harmony 2022

حصري
مركز
35

A. What is the following study?

B. the structure pointed?

C. what is the next step?



موجود
الاناء على
جدار الشريان

• ANSWER

A. MRCP

B. pancreatic duct (stricture)

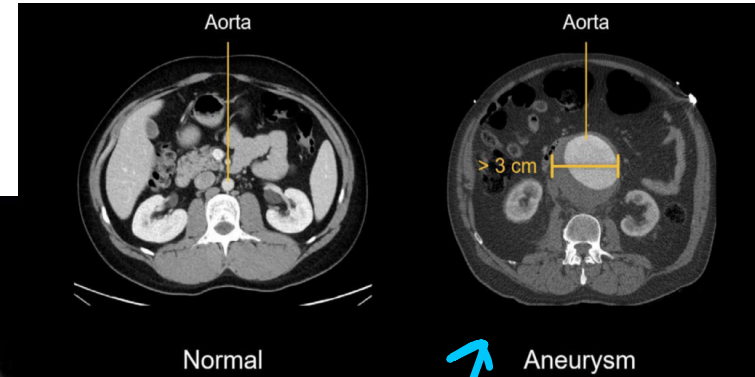
C. ERCP



QUESTION

Harmony 2022

- A. What is the following study?
- B. what is the spot diagnosis?



• ANSWER

A. CT scan

B. AAA (aortic artery aneurysm)



• QUESTION

سؤال
33

Harmony 2022

A. What is the sign in the following picture?

B. what is the diagnosis?



• ANSWER

A. Caput medusa

B. Liver cirrhosis



QUESTION

Harmony 2022

مستورد
بازن

GIST,

A. most common site?

B. gene mutation?

(No picture found)

الاستوان
الجذري



• ANSWER

A. Stomach

B. KIT



• QUESTION

endo

SOUL 2021

patient with thyroid medullary cancer & a CT was done:

Q1: What is your next step?

Q2: If the patient has no genetic abnormality and the lesion is not functioning what will you do next?

Q3: What disease you have to rule out?

Q4: cut off size to remove?



• ANSWER

1. (not sure what the dr. meant so here are the possibilities):

Assess the functionality of the adrenal tumor by hx, physical ex and ordering lab tests: KFT (Na, K, Creatinine, Urea) / Aldosterone levels/ cortisol/ metanephrine/normetanephrine/vanillylmandelic acid (VMA)// pheochromocytoma// 24h urine analysis for catecholamine metabolites

2. Because it is very large > surgery adrenalectomy, the dr said : If it was more than 4 cm then you have to remove it immediately

3. Pheochromocytoma

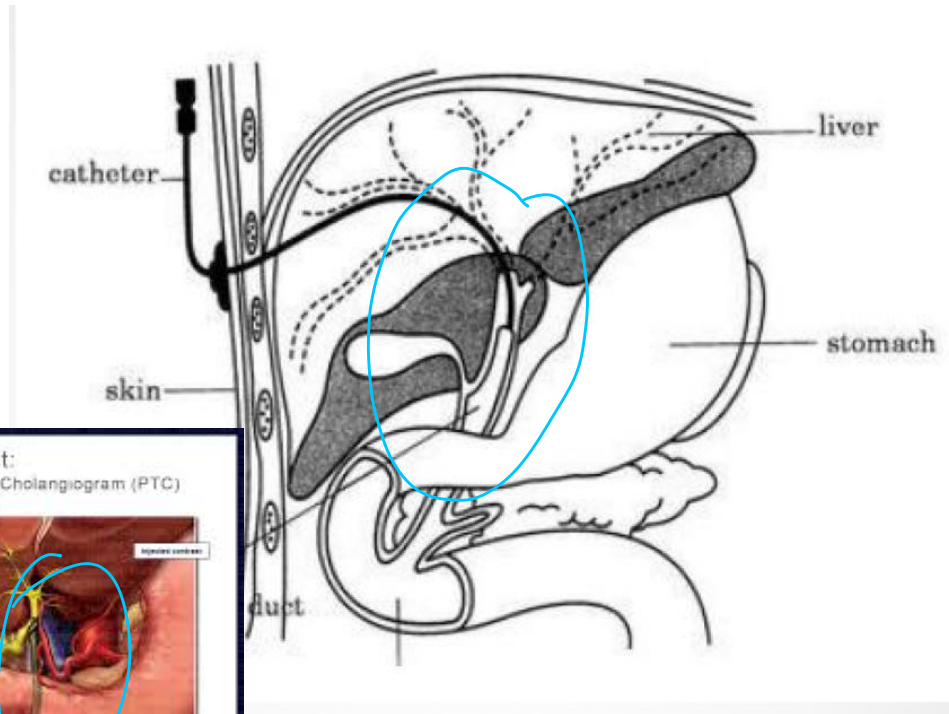
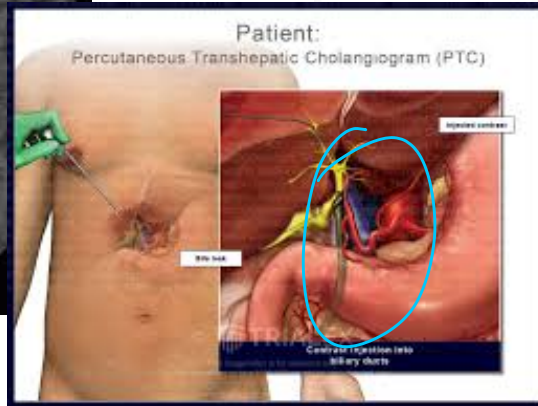
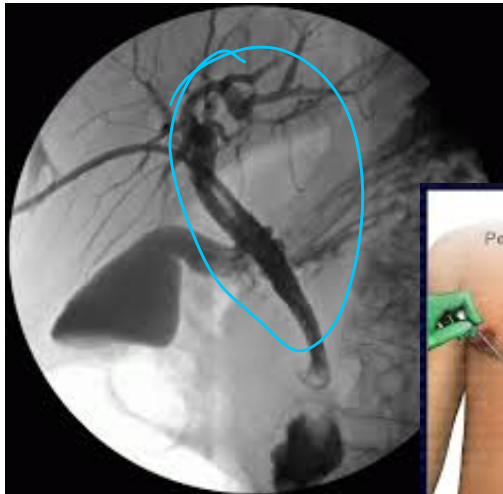
4. more than 4 cm



QUESTION

SOUL 2021

1. Name the device ?
2. Give one indication?



ANSWER

1. PTC (Percutaneous Transhepatic Cholangiography)
2. Failed ERCP attempt



• QUESTION

endo

SOUL 2021

This is an MRI of 37 years old patient complains of uncontrolled hypertension,
A) List 2 possible causes



• ANSWER

1. pheochromocytoma
2. Cushing's disease



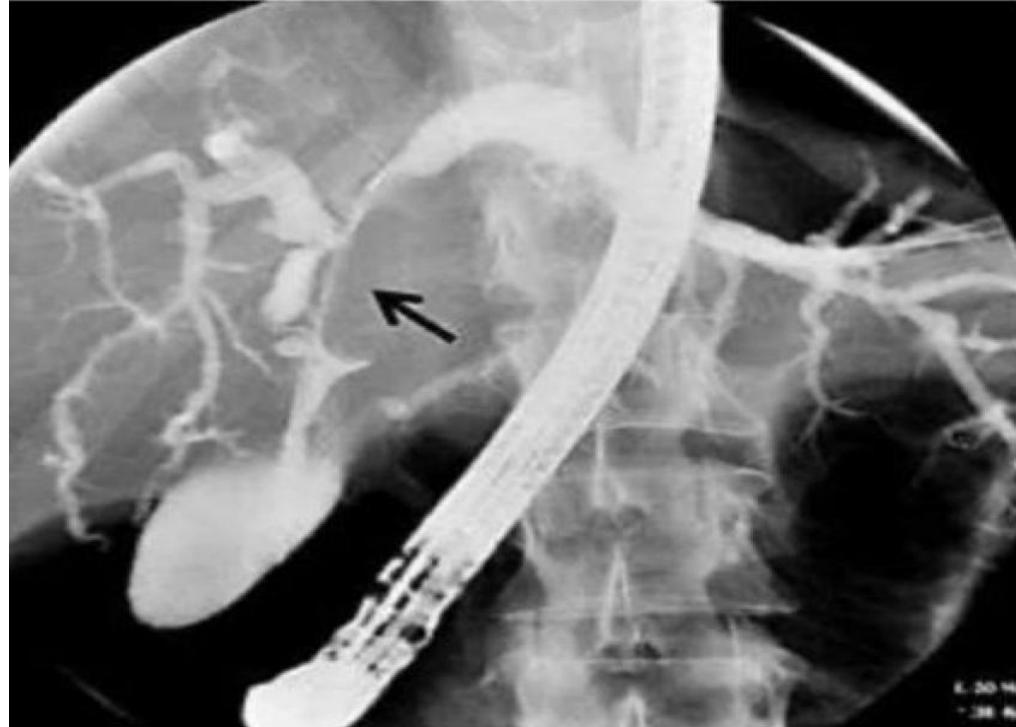
• QUESTION

SOUL 2021

339
U.S.
300

A) What is the name of the investigation:

B) What is the :finding



• ANSWER.

A. ERCP

B. Dilated CBD Filling defect

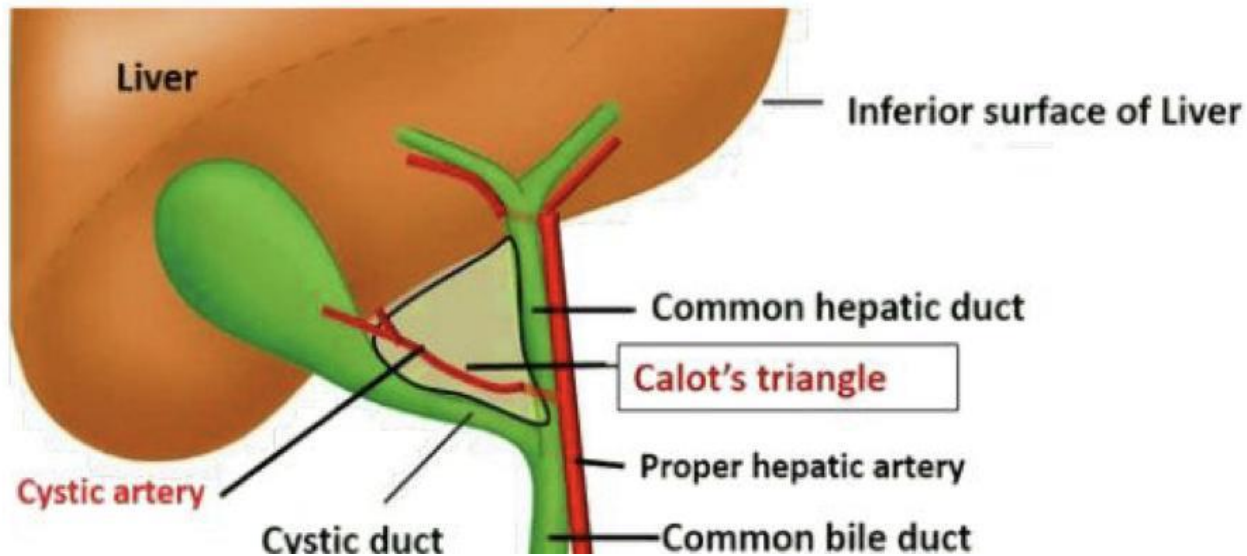


• QUESTION

SOUL 2021

ص
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س

1. What is the name of this triangle?
2. Name three border?



• ANSWER

1. Calot triangle

2. Inferior border of the liver

Cyst duct

Common hepatic duct



• QUESTION

IHSAN 2020

Q33330

This 60-years old patient developed abdominal pain, bloody diarrhea and fever. He came back from a tour trip to a south west Asian country 3 weeks .ago. CT was done

1. What is the most likely diagnosis
2. What is the treatment of choice



ANSWER.

1.Liver Abscess (Ameobic)

2.Metronidazole



• QUESTION

IHSAN 2020

A 45-years old male patient, alcoholic, presented with a 24-hour history of upper abdominal pain and repeated vomiting. On examination of the abdomen, he was found to have the following .signs

.1.Name the signs shown in (1) and (2)

2. Name the most likely underlying pathology that .caused these signs

3.Mention 2 causes



• ANSWER.

1. Cullen's sign (2) Grey-Turner's sign (1)
2. Acute Hemorrhagic Pancreatitis
3. any retroperitoneal hemorrhage
 - 1) Acute pancreatitis
 - 2) Abdominal trauma bleeding from aortic rup



• QUESTION

IHSAN 2020

Female present with fever and itching and jaundice

1.: What is the Dx

2. Why she is having Itching



Handwritten blue text: ٥٢٥٩
٥٢



• ANSWER

I. Ascending cholangitis

II. Bile salts accumulation



QUESTION

2019 – Before

1. What is the name of this investigation?

2. Mention two abnormalities seen in this picture

3. Indications

4. Complications of ERCP?



عسر هضمة
حصى



• ANSWER

1. ERCP

2. -

1) Dilated CBD 2) Multiple filling defects (stones) in CBD

3. Obstructive jaundice

4. Pancreatitis



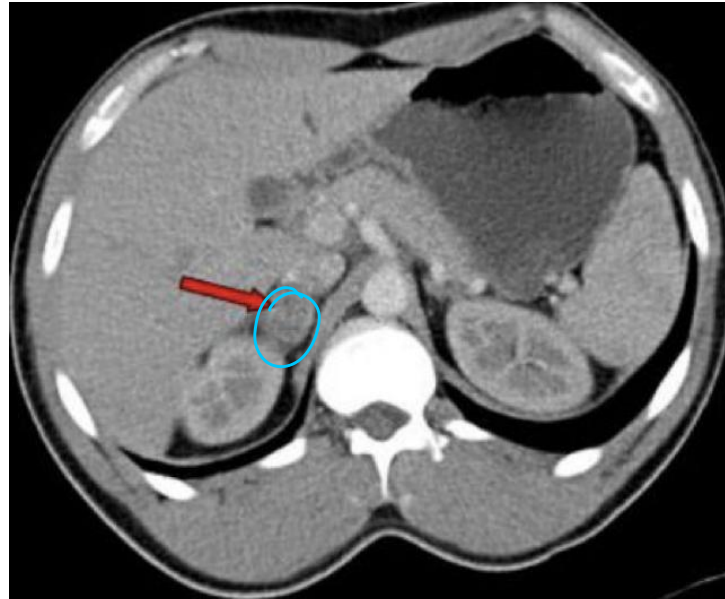
• QUESTION

endo

2019 – Before

This lesion was detected incidentally on CT of the abdomen.

1. The next step in evaluating the patient is
2. Name 2 indications for surgery



• ANSWER

Not sure about the answer but I think it's adrenal mass so the answer would be

1.cortisol blood test

2.>4cm , functional,CT density>20



• QUESTION

2019 – Before

جوز، رسة
2/2/19

The figure represents a finding in a 40-year-old female undergoing abdominal US prior to a bariatric procedure

1. What is the diagnosis?
2. Name two indications for surgery in asymptomatic patients with this condition.
3. In case of inflammation, name two locations where the pain will be felt.



• ANSWER.

1. Gallstone

2. Porcelain gallbladder, Congenital hemolytic anemia, Gallstone > 2.5cm

3. pain would be in the RUQ, and radiate into the right subscapular area

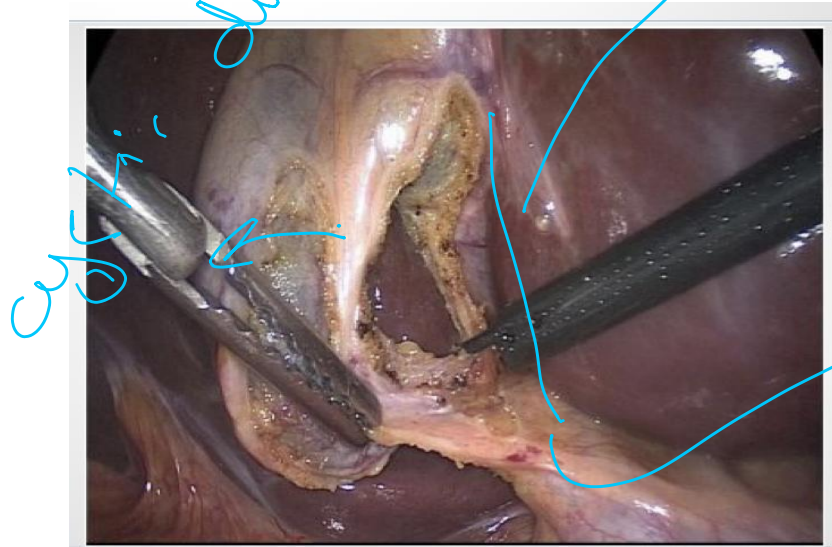


QUESTION

2019 – Before

You are holding the laparoscope

1. What is the name of the procedure
2. Name the area the surgeon is dissecting



C.H.D



• ANSWER

mostly the answers are correct

1.cholecystectomy

2.callot triangle

Not sure



• QUESTION

2019 – Before

patient post-splenectomy due to RTA:

1. What is the micro-organism causing this?
2. How can you prevent it?



• ANSWER

1. Meningococcus

2.meningococcal vaccine on day 14 post splenectomy, then revaccination at the appropriate time interval



• NOTE : POST SPLENECTOMY VACCINATION

- **Non-elective**
 - Non-elective splenectomy patients should be vaccinated on or after postoperative day 14.
 - Asplenic patients should be revaccinated at the appropriate time interval for each vaccine.
- **Elective**
 - Elective splenectomy patients should be vaccinated at least 14 days prior to the operation.
 - Asplenic or immunocompromised patients (with an intact, but nonfunctional spleen) should be vaccinated as soon as the diagnosis is made.
 - Pediatric vaccination should be performed according to the recommended pediatric dosage and vaccine types with special consideration made for children less than 2 years of age.
 - When adult vaccination is indicated, the following vaccinations should be administered:
 - ***Streptococcus pneumoniae***
 - Polyvalent pneumococcal vaccine (Pneumovax 23)
 - ***Haemophilus influenzae type B***
 - *Haemophilus influenzae* b vaccine (HibTITER)
 - ***Neisseria meningitidis***
 - Age 16-55: Meningococcal (groups A, C, Y, W-135) polysaccharide diphtheria toxoid conjugate vaccine (Menactra)
 - Age >55: Meningococcal polysaccharide vaccine (Menomune-A/C/Y/W-135)

| Vaccine | Dose | Route | Revaccination |
|---|--------|------------------|------------------------------|
| Polyvalent pneumococcal | 0.5 mL | SC* | Every 6 years |
| Quadravalent meningococcal/diphtheria conjugate | 0.5 mL | IM upper deltoid | Every 3-5 years [†] |
| Quadravalent meningococcal polysaccharide | 0.5 mL | SC* | Every 3-5 years |
| Haemophilus b conjugate | 0.5 mL | IM* | None |

*Administered in the deltoid or lateral thigh region.

[†]Contact the manufacturer for the latest recommendations prior to revaccination.



• NOTE

Mole (Melanocytic nevus): increased no., abnormal clusters, normal or increased production

| | Normal | Ephelides (freckle) | Lentigo | Junctional naevus | Compound naevus | Intradermal naevus | Blue naevus |
|-------------------|--------|----------------------|-------------------|-------------------|--|----------------------------|---|
| Position | | Normal no. | Increased no. | At junction | Nests in dermis | Nævus cells only in dermis | Nodules of dendritic cells deep in dermis |
| Density | | Normal position | Normal position | At junction | Nests in dermis but cells get smaller with depth | Nævus cells only in dermis | Nodules of dendritic cells deep in dermis |
| Production | | Increased production | Normal production | At junction | Nests in dermis but cells get smaller with depth | Nævus cells only in dermis | Nodules of dendritic cells deep in dermis |

Handwritten blue scribble

• QUESTION

endo

2019 – Before

A patient presented with episodic sweating and hypertension:

1. What is the diagnosis?
2. What is the 1st thing to do?
3. What raise the possibility of malignancy?
4. What is the size that would be considered
5. an indication for surgery?



• ANSWER

1. Incidentaloma (Dr. Sohail's answer)

2. Check if functional or not by checking cortisol, renin, angiotensin and VMA,... etc.

3. >4 cm - Rapid growth

- Necrosis - Family history - Hemorrhage - Calcifications

4. ≥ 4 cm



• QUESTION

endo

2019 – Before

Lab investigations show high aldosterone level and high ratio of PAC to PRA

1. What is your Dx?
2. Mention a common presentation for this patient



• ANSWER

1. Conns disease

2. Hypertension



• NOTE

Functional adrenal tumors can cause several problems depending on the hormone released. These problems include:

1. Cushing's Syndrome:

This condition occurs when the tumor leads to excessive secretion of cortisol. While most cases of Cushing's Syndrome are caused by tumors

in the pituitary gland in the brain, some happen because of adrenal tumors. Symptoms of this disorder include diabetes, high blood pressure, obesity and sexual dysfunction.

2. Conn's Disease:

This condition occurs when the tumor leads to excessive secretion of aldosterone. Symptoms include personality changes, excessive

urination, high blood pressure, constipation and weakness.

3. Pheochromocytoma:

This condition occurs when the tumor leads to excessive secretion of adrenaline and noradrenaline. Symptoms include sweating, high blood

pressure, headache, anxiety, weakness and weight loss.



• QUESTION

2019 – Before

مع
ان
دس

A patient presented with RUQ pain:

1. What is the diagnosis?

2. What is the major risk?



• ANSWER

1. Porcelain gallbladder
2. Adenocarcinoma of gallbladder
3. Elective Cholecystectomy



QUESTION

2019 – Before

1. What is the type of imaging

2. Mention 2 abnormalities?

عسر
عسر
عسر



• ANSWER

1.MRCP

2.1)Stone in the CBD (arrow – filling defect) 2) Dilated CBD



• QUESTION

2019 – Before

A patient presented lethargic and febrile a week after a surgery for cholangitis:

1. What is your diagnosis?

2. What is the management?



in
47/59

• ANSWER

1. Liver abscess

2. Percutaneous drainage, & - Antibiotic administration



QUESTION

2019 – Before

عسر، آبن، ۴۸

Name the following complications of liver cirrhosis:



• ANSWER

A. Ascites

B. Caput medusae (dilated veins)

C. Hematoma (easily bruised)



• QUESTION

صحة
سنة
15

2019 – Before

After RTA, the patient presented with left shoulder pain:

Q1: What is your diagnosis?

2. What is your management?

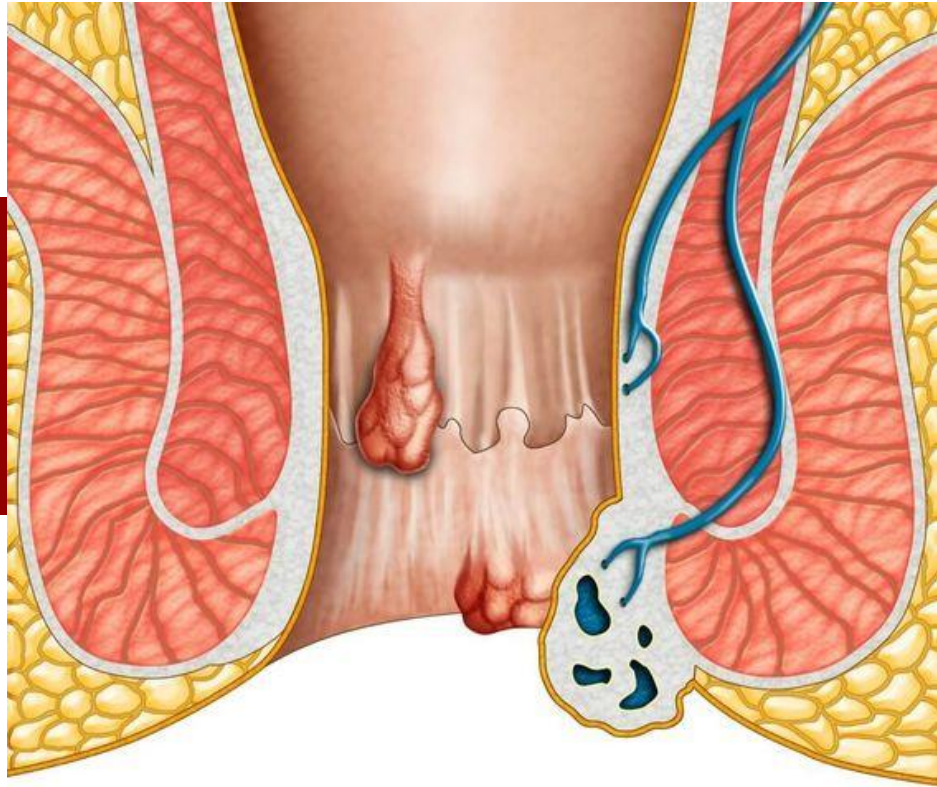


• ANSWER

1.Splenic Rupture

2.Splenectomy





ANORECTAL

• QUESTION

Wateen 2023

40 year old male with acute lower back pain since 3 days.

A) What is your diagnosis?

B) Next step in management



• ANSWER

A. Gluteal Cleft Abscess of a Pilonidal Sinus(PNS Abcess)

B. Incision and drainage



• QUESTION

Wateen 2023

a) Diagnosis

b) other common sites



• ANSWER

a) Pilonidal sinus

b) Axilla/ natal cleft /between breasts /intradigital space

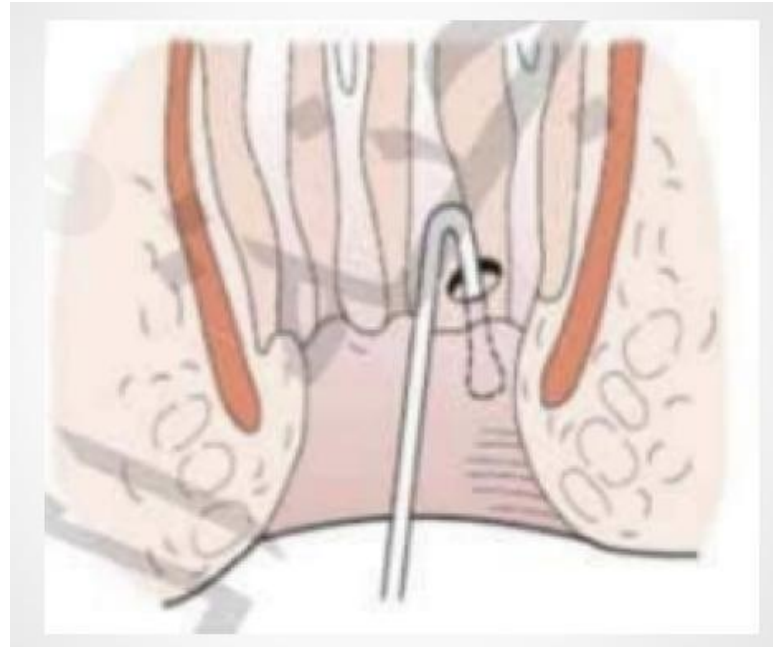


• QUESTION

Wateen 2023

What is your Diagnosis ?

- a. Perianal Abscess
- b. Perianal sinus
- c. Ischioirectal Abscess
- d. Fistula in Ano



• ANSWER

d. Fistula in Ano



• QUESTION

Wateen 2023

A 35 year old female with chronic constipation presented with acute anal pain and fresh blood with defecation. Her examination as in image.

A. Your spot diagnosis?

B. the 1st line treatment of this lady is?



• ANSWER

A. anal fissure

B. Laxatives and topical pain killer



• QUESTION

Wateen 2023

Patient with rectal bleeding how to know the source of the bleeding



• ANSWER

The blood may be bright red. The term "hematochezia" is used to describe this finding. This usually means that the source of bleeding is the lower GI tract (colon and rectum)

occult blood or dark black stool or stool mixed with blood usually means upper GI bleeding



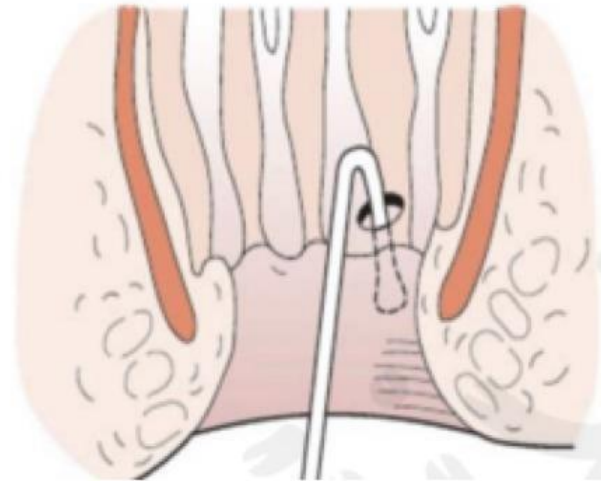
• QUESTION

Harmony 2022

20. What is your diagnosis?

- a. Perianal Abscess
- b. Perianal Sinus
- c. Ischioirectal Abscess
- d. Fistula in Ano

Answer: D

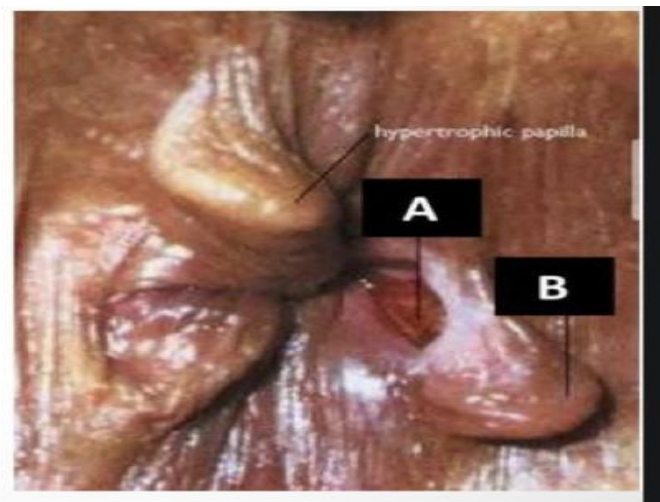
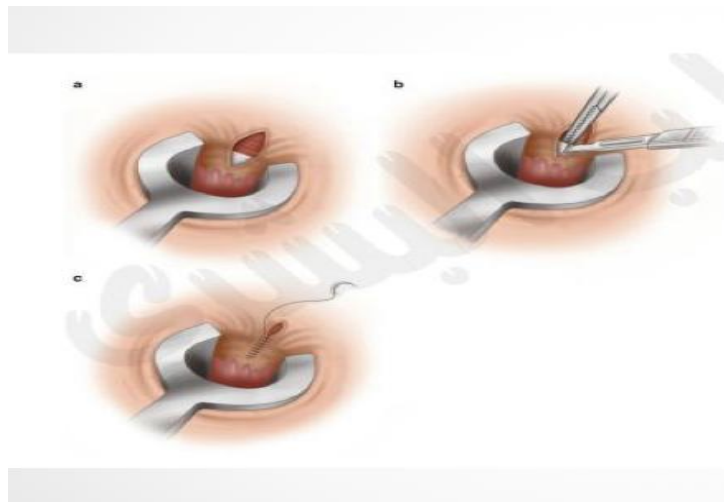


• QUESTION

SOUL 2021

A) What is the diagnosis:

B) Name a surgical management



• ANSWER

A. Anal fissure

B. Lateral internal sphincterotomy



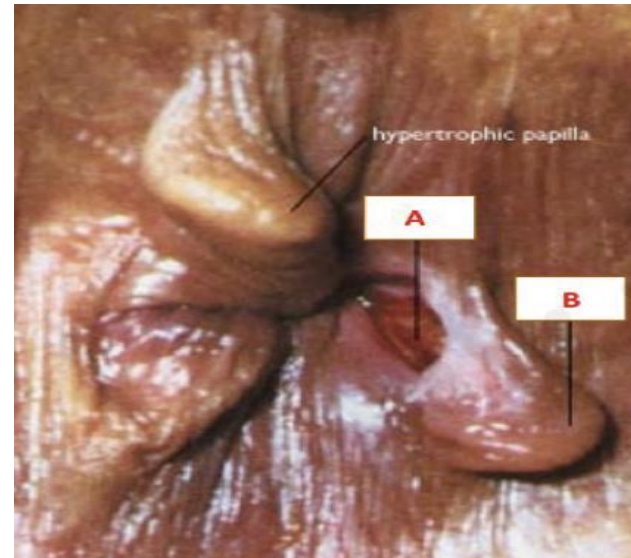
• QUESTION

IHSAN 2020

This patient has painful Defecation

1. Name the findings on examination of the anal area

2. Mention 2 .treatment options



• ANSWER.

1. Anal Fissure (B) Sentinel Pile (A)

2. Management

Lifestyle modification with high fiber diet and increase fluid intake - - Medical Management (Laxatives, stool softeners, local anesthetic creams, botulinum toxin injection, sitz bath...etc) Surgical Management (Sphincter dilatation, Lateral internal sphincterotomy, Fissurectomy) -



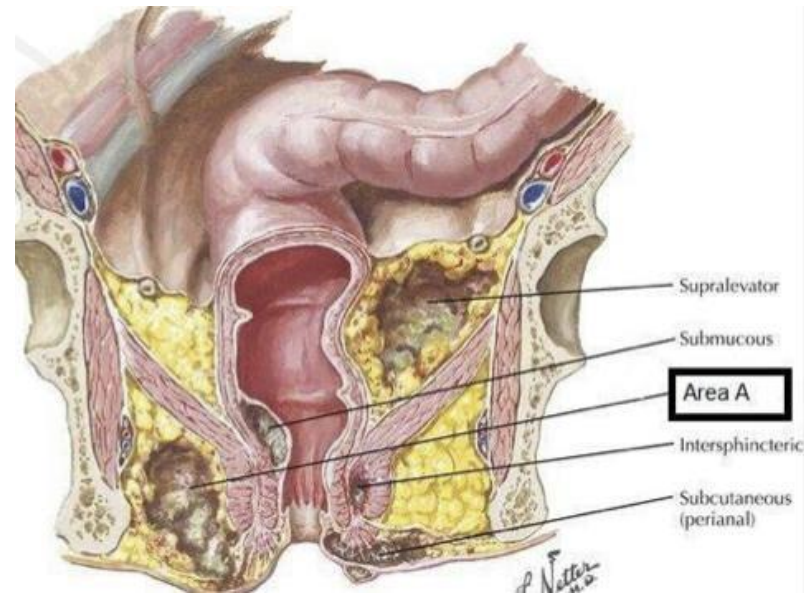
• QUESTION

2019 – Before

A patient has anal pain and itching:

1. What type of anal condition in this area (Area A)?

2. What is the Mx?



• ANSWER

1. Ischiorectal abscess

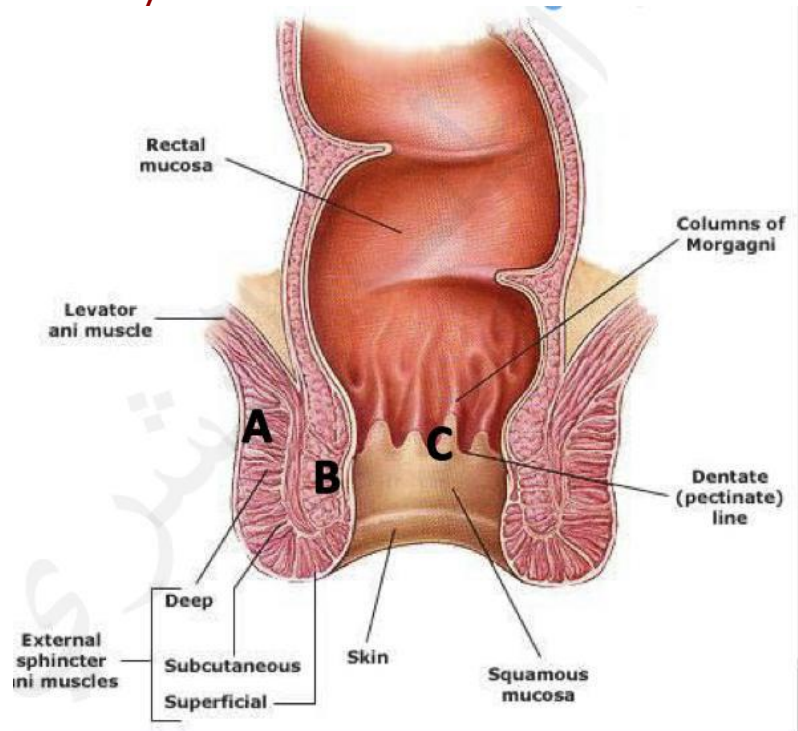
2. Cruciate incision with drainage of pus (without antibiotic)



• QUESTION

2019 – Before

1. About the anatomy of anal canal:



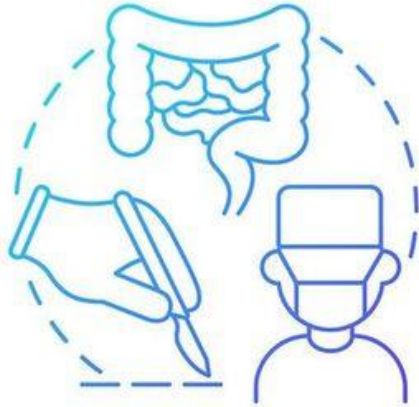
• ANSWER

A: External anal sphincter

B: Internal anal sphincter

C: Dentate line





GENERAL SURGERY

GENERAL SURGERY & OTHERS



• QUESTION

Yaqeen 2025

Patient has punching in his abdomen
and a history of laparotomy:

1. What is the diagnosis?
2. What can it contain?



• ANSWER.

1. incisional hernia (notice the surgical scar)
2. content of herina may be : bowel , sac , omentum , ovary



• QUESTION

Yaqeen 2025

- A. Name this finding:
- B. Mention one complication.



• ANSWER

A. Ileostomy

B. Prolapse - infection



• QUESTION

Wateen 2023

A 60 years female , previous history of laparotomy for complicated peptic ulcer .
She is complaining of abdominal bulge and frequent vomiting as shown in the
picture

A.What is the diagnosis ?

B. what is best next step in management?



- ANSWER;

A. Incisional hernia

B. Fluid resuscitation then operation Hernioplasty(Hernia Repair Surgery.)



• QUESTION

Wateen 2023

This patient presented with a non reducible painless epigastric mass

A) What is your diagnosis?

B) Mention other differential diagnosis ?



• ANSWER

- A. incarcerated Epigastric hernia
- B. Lipoma - lymphadenopathy



• QUESTION

Wateen 2023

This patient arrived to your emergency department after being stabbed as shown 15 minutes ago. He was anxious and his vital signs were: BP 80/60 mm Hg, pulse 130 PPM, and RR 25 BPM:

What is his class of hemorrhage?

How much blood has he lost?



• ANSWER

A. stage 3

B. 1500-2000



• QUESTION

Wateen 2023

This patient had thyroidectomy few months ago;

A. Name wound abnormality presented in the picture

B. The likely percentage of wound infection after thyroidectomy is?



• ANSWER

A. Hypertrophic scar

B. 1-2%



• QUESTION

Wateen 2023

When examining a young male patient for lower abdominal pain;

. A. What part of the examination other than the abdominal exam is vital to rule a possible surgical emergency?

B. And what other than abdominal pathology would you put on the top of your differential diagnoses?

(no picture found)



• ANSWER

A. rectum , back and genitalia

B. testicular torsion



• QUESTION

Wateen 2023

Name the maneuver



• ANSWER

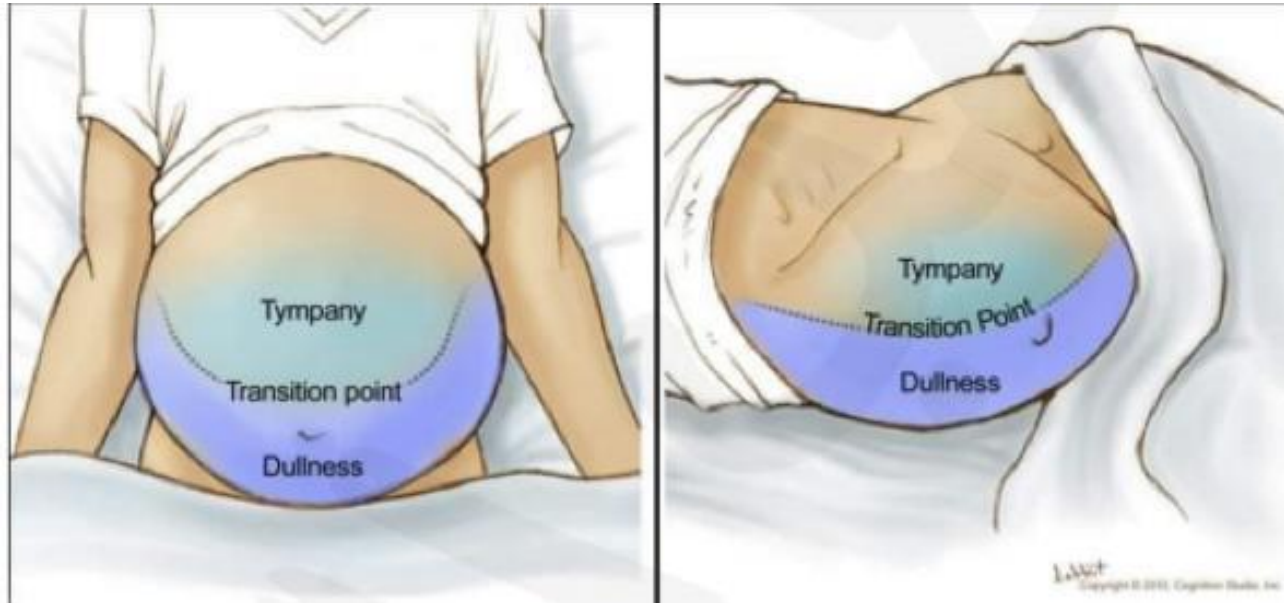
Shifted thrills



• QUESTION

Wateen 2023

Name the maneuver



• ANSWER

Shifted dullness



• QUESTION

Harmony 2022

9. What type is this stoma
- a. Double barrel colostomy
 - b. End colostomy with mucous fistula
 - c. Loop ileostomy
 - d. End ileostomy

Answer: C



• QUESTION

Harmony 2022

Complications seen in the picture A,b:



• ANSWER

A. Stoma necrosis

B. Stoma prolapse -

Note :

It would be Infected irritated stoma if this picture shown



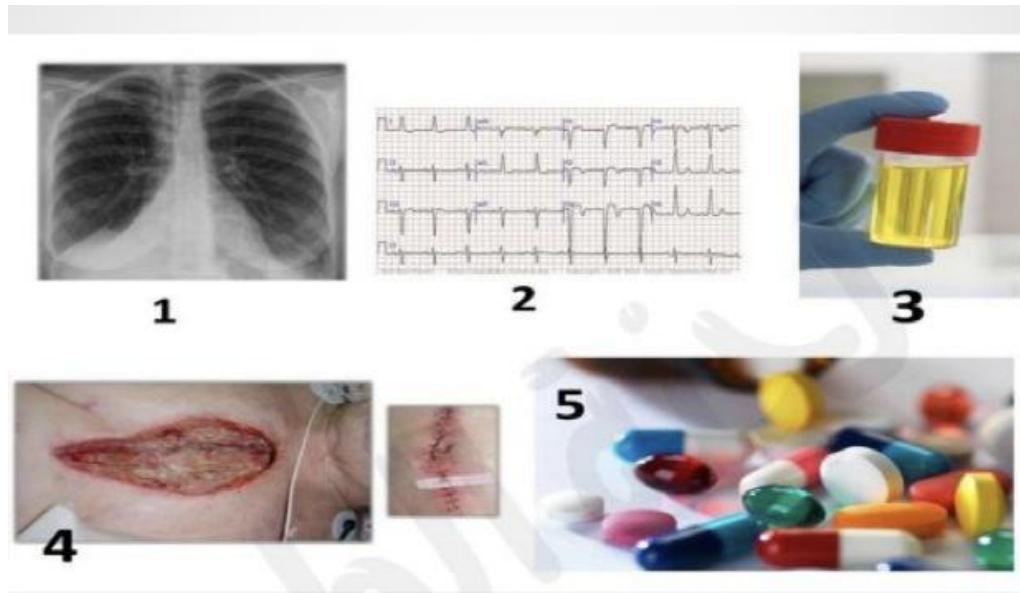
QUESTION

Harmony 2022

a postoperative fever:

A. which of the following picture is considered as a source of fever after days 1-3?

B. which of the following picture is considered as a source of fever after days 5-7?



• ANSWER

A. Atelectasis (1)

B. Wound infection (4)



• QUESTION

SOUL 2021

Hypotensive patient with shaft of femur fracture, his blood type is O neg ;

1. Estimated blood loss:
2. Blood type to be given to the patient :



ANSWER

1.(1000-1500)ml

2.O negative only



• QUESTION

SOUL 2021

58 yr old female has acute chest pain and dyspnoea postoperatively, pulmonary and cardiac examination was non specific:

A) Mention 2 possible DDX:

B) Possible investigations:

(No picture)



ANSWER

A. MI or PE or Pneumonia (the said atelectasis won't cause dyspnoea)

B. ECG, chest x-ray, CBC, ABG, d-dimer, ct angio



• QUESTION

SOUL 2021

58 yr old female has acute chest pain and dyspnoea postoperatively , pulmonary and cardiac examinations were non-specific

A) Mention 2 possible DDX:

.B) Possible investigations:

(No picture)



• ANSWER

A.MI // PE (the dr said atelectasis wont cause dyspnoea)

B.ECG, chest x-ray , CBC, ABG , d-dimer , ct angio



• QUESTION

SOUL 2021

57 year old male, presented to ER complaining of vomiting blood

A) Mention 5 questions that would help you determine the amount

(No picture)



• ANSWER

1. Amount
2. bleeding from other place (Haematochezia)
3. type(Coffee ground or fresh blood Clots)
4. how many times
5. other symptoms (Palpitation Postural dizziness fatigability)



• QUESTION

IHSAN 2020

This patient arrived to your emergency department after being stabbed as shown 15 minutes ago. He was anxious and his vital signs were BP: 95/55 mm Hg, pulse 105 BPM, and RR 25 Per minute

A. What is his class of hemorrhage ?

B. How much blood has he lost?



• ANSWER

A.Stage 2

B. ml 750-1500



QUESTION

2019 – Before

A trauma patient presented to the emergency department and was assisted with FAST

1. What does FAST stand for?
2. What are the 4 sites that we look at in FAST?
3. What's your 1st priority?
4. What's your 2nd priority?



• ANSWER

1. Focused Assessment with Sonography for Trauma

2.

1. RUQ (Morison's pouch)

2. LUQ (perisplenic area)

3. Subcostal (pericardium)

4. Peripelvic space

3. ABC (some said only airway)

4. stop bleeding (some said only breathing)



• QUESTION

2019 – Before

This patient has this severe infection after having splenectomy post abdominal trauma.

1. This severe infection is most likely due to what organism?
2. How to reduce the possibility of this infection?



• ANSWER

1. encapsulated Strep. Pneumoniae
2. (giving vaccination for encapsulated organisms)



• QUESTION

2019 – Before

You are the on call medical student over the weekend. The surgical ward nurse told you that they have a 65-year-old patient who had laparotomy, anterior resection and primary anastomosis 5 days ago. The patient is now complaining from increasing abdominal pain and abdominal distention for the last 10 hours. His vital signs are as follows: BP 80/40 mm Hg, PR 115 BPM, RR 24, Temp 39.9, O₂ sat 88.

A. What is your diagnosis?

B. What is the most appropriate next step?



• ANSWER

A. Septic Shock

B. ABCDE



• QUESTION

2019 – Before

A patient fell and broke her leg, the doctor who saw her put a cast on the leg, afterwards she complained from pain, swelling, redness and numbness in the same limb

: Q1: What is the diagnosis?

Q2: Next step in the management?



• ANSWER

1. Compartment Syndrome

2. Decompression - Remove the cast - Fasciotomy



• QUESTION

2019 – Before

1. What is the diagnosis?
2. What zone?
3. Name the border or it?
4. When to intubate the patient?



• ANSWER


1. Lacerated neck wound
2. Zone.2
3. From the angle of the mandible to the cricoid cartilage
4. 1)Expanding.hematoma 2) Obstructive complication 3) Cervical vertebrae injury

PENETRATING NECK INJURIES

What depth of neck injury must be further evaluated? Penetrating injury through the platysma

Define the anatomy of the neck by trauma zones:

| | |
|----------|--|
| Zone III | Angle of the mandible and up |
| Zone II | Angle of the mandible to the cricoid cartilage |
| Zone I | Below the cricoid cartilage |



| | |
|--|--|
| How do most surgeons treat penetrating neck injuries (those that penetrate the platysma) by neck zone: | |
| Zone III | Selective exploration |
| Zone II | Surgical exploration vs. selective exploration |
| Zone I | Selective exploration |
| What is selective exploration? | Selective exploration is based on diagnostic studies that include A-gram or CT A-gram, bronchoscopy, esophagoscopy |
| What are the indications for surgical exploration in all penetrating neck wounds (Zones I, II, III)? | "Hard signs" of significant neck damage: shock, exsanguinating hemorrhage, expanding hematoma, pulsatile hematoma, neurologic injury, subQ |



• QUESTION

2019 – Before

Q: What is the name of the management done for this patient?

-



• ANSWER

Split thickness skin graft



• QUESTION

2019 – Before

-

Q1: In penetrating trauma, what is the most commonly affected organ?

Q2: What type of injury more severe (blunt or penetrating)?

Q3: In a penetrating wound, what should you do?



• ANSWER.

1. Liver

2. Blunt

3. exploration surgery



• QUESTION

2019 – Before

A picture of multiple abdominal bruises, he asked about the zones of retroperitoneal bleeding and types of hemorrhage and where is the least likely place to check and when to go for surgery:



• ANSWER

Traumatic retroperitoneal hematomas divided into 3 zones: Zone 1: Centrally located, associated with pancreaticoduodenal injuries or major abdominal vascular injury Zone 2: Flank or perinephric regions, associated with injuries to the genitourinary system or colon Zone 3: Pelvic location, frequently associated with pelvic fractures or iliofemoral vascular injury - Indication for exploration in retroperitoneal hematomas : mandatory exploration should be performed in retroperitoneal hematomas resulted from penetrating injury, but the selection of treatment mode in blunt injury depend on the anatomical position of hematoma, visceral injury and the hemodynamic status of patients.

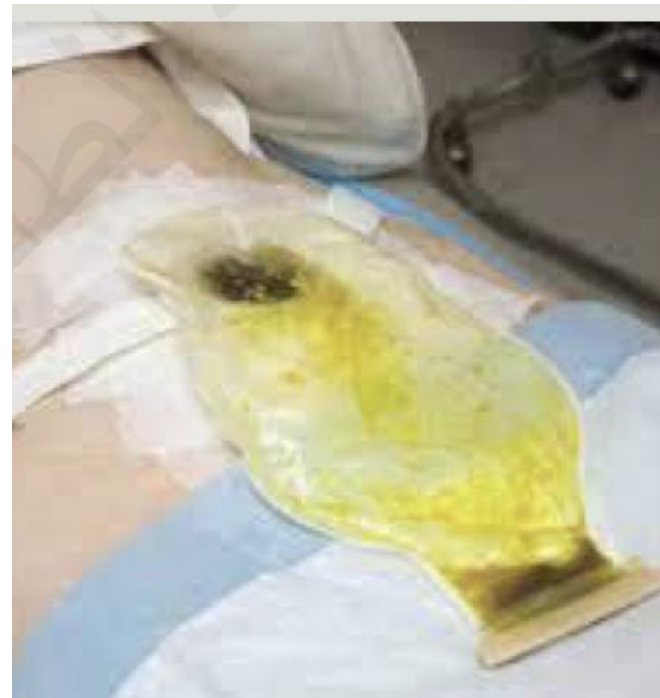


• QUESTION

2019 – Before

History of surgery for diverticulitis before 10, the amount collected over 24 hours is 1500 cc:

1. what is is the pathology?
1. What t is the complication
- 3.what is the prognosis?



• ANSWER

1. Enterocutaneous fistula (high output)

2. electrolyte disturbance 2) Skin excoriation 3) Sepsis

3. In most patients it closes spontaneously



. QUESTION

2019 – Before

1.Type of stoma?

2.Write 2 indications?



• ANSWER

1. End colostomy

2. IBD, Rectal cancer



QUESTION

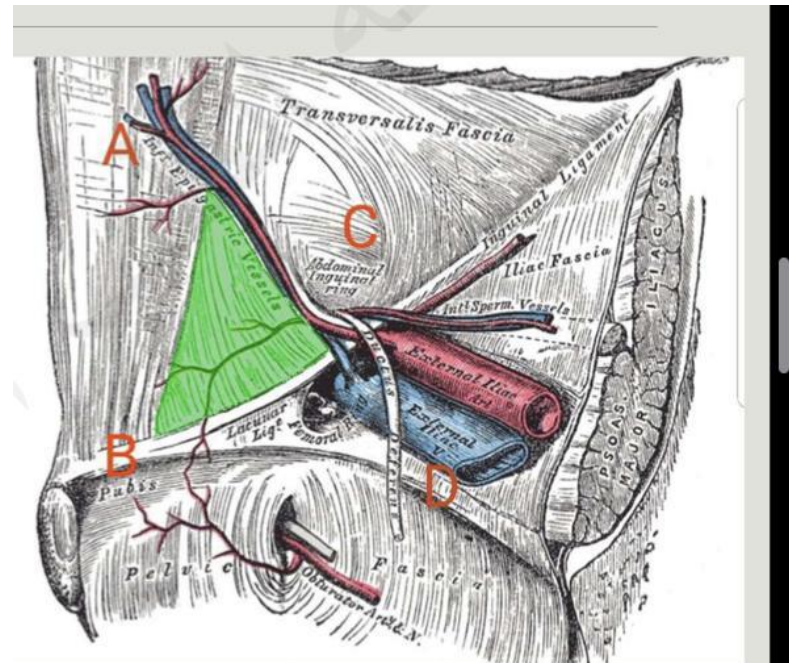
2019 – Before

What's A: inferior epigastric artery

What's B: direct inguinal hernia

What's C: indirect inguinal hernia

What's D: femoral hernia

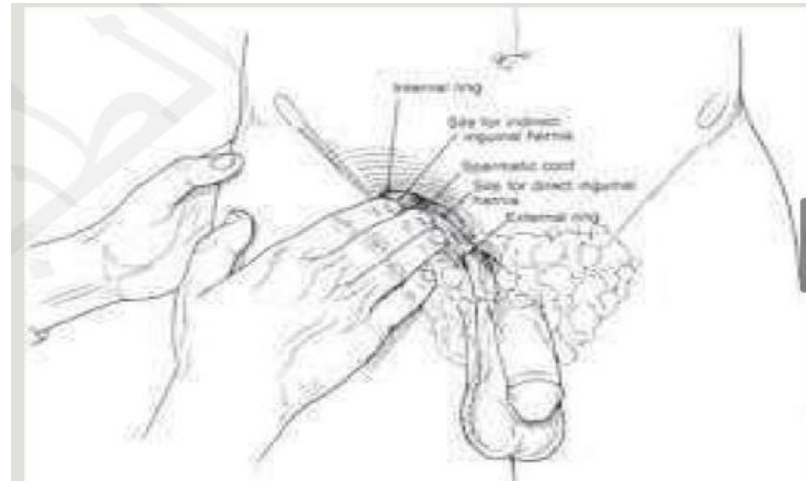


• QUESTION

2019 – Before

1. Name of the test?

2. If you ask the patient to cough while you maintain pressure and you notice a bulge, what is your Dx?



• ANSWER

1. Ring occlusion test

2. Direct inguinal hernia

Note:

Ring occlusion test differs from 3 fingers test, You Ask the patient to cough> Impulse felt on the index finger> Indirect hernia So; Zieman's Test (3 Finger Test) is used to differentiate type of hernia. - Index: deep inguinal hernia (indirect) - Middle: superficial inguinal (direct) - Ring: Saphenous opening (femoral hernia)



• NOTE

| Indirect Inguinal Hernia | Direct Inguinal Hernia |
|---|---|
| Pass through inguinal canal. | Bulge from the posterior wall of the inguinal canal |
| Can descend into the scrotum. | Cannot descent into the scrotum. |
| Lateral to inferior epigastric vessels. | Medial to inferior epigastric vessels. |
| Reduced: upward, then laterally and backward. | Reduced: upward, then straight backward. |
| Controlled: after reduction by pressure over the internal (deep) inguinal ring. | Not controlled: after reduction by pressure over the internal (deep) inguinal ring. |
| The defect is not palpable (it is behind the fibers of the external oblique muscle). | The defect may be felt in the abdominal wall above the pubic tubercle. |
| After reduction: the bulge appears in the middle of inguinal region and then flows medially before turning down to the scrotum. | After reduction: the bulge reappears exactly where it was before. |
| Common in children and young adults. | Common in old age. |



• QUESTION

2019 – Before

RTA Patient ,HR = 130, he was hypotensive, a CT was done and shows the following?

Q1: How much blood did he loss?

Q2: What does the CT show?



• ANSWER

1. Stage 3 hypovolemic shock – 30-40% - 1500-2000 ml

2. Splenic Rupture



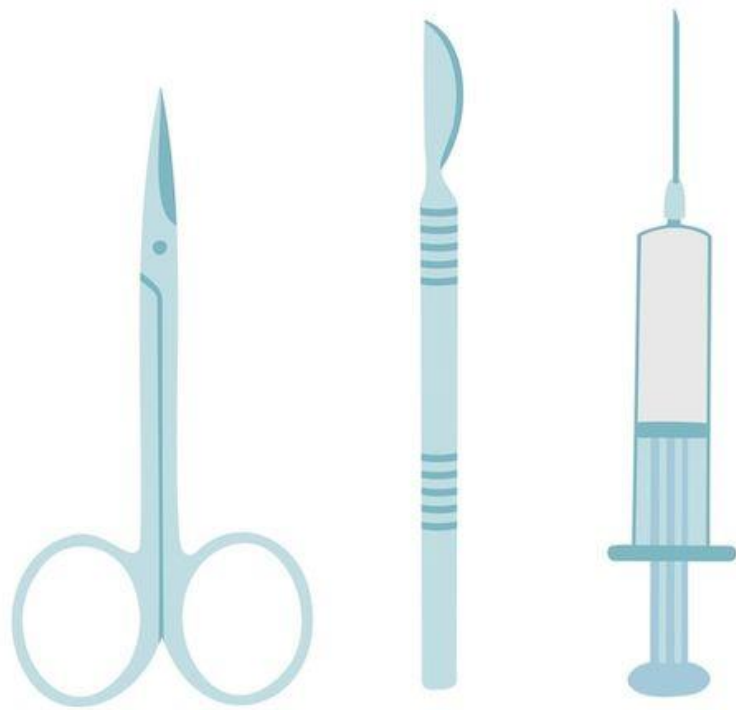
• NOTE

Table 7-4 Signs and Symptoms of Advancing Stages of Hemorrhagic Shock

| | Class I | Class II | Class III | Class IV |
|-----------------------|---------------------|-----------------|----------------------|------------------------|
| Blood loss (mL) | Up to 750 | 750-1500 | 1500-2000 | >2000 |
| Blood loss (%BV) | Up to 15% | 15-30% | 30-40% | >40% |
| Pulse rate | <100 | >100 | >120 | >140 |
| Blood pressure | Normal | Normal | Decreased | Decreased |
| Pulse pressure (mmHg) | Normal or increased | Decreased | Decreased | Decreased |
| Respiratory rate | 14-20 | 20-30 | 30-40 | >35 |
| Urine output (mL/h) | >30 | 20-30 | 5-15 | Negligible |
| CNS/mental status | Slightly anxious | Mildly anxious | Anxious and confused | Confused and lethargic |

BV = blood volume; CNS = central nervous system.





TOOLS & INSTRUMENTS



• QUESTION

Yaqeen 2025

What is the name of these devices?



• ANSWER

A. Incentive spirometry

B. Radiopaque drain



• QUESTION

Yaqeen 2025

What is the type of this fluid and its component?



• ANSWER

Normal saline ,contain 0.9NaCl and water

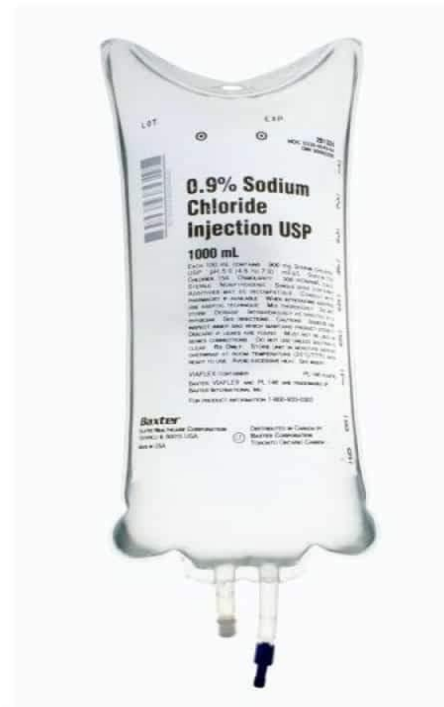


QUESTION

Yaqeen 2025

A. What is the type of this fluid and its content?

B. Calculate the amount of calories
is in this fluid if it is 1000cc:



ANSWER

A. Normal saline 0.9 NaCl and water

B. Zero calori



• QUESTION

Wateen 2023

- A) Name the structure in the image knowing that it is used for Dialysis?
- B) What's this Device Used for ?



• ANSWER

A. Perm-cath

B. hemodialysis



QUESTION

Wateen 2023

- A) Name the device
- B) Name one complication



• ANSWER

A) NG(naso gastric) tube

B) Infection



• QUESTION

Harmony 2022

12. Name the line in picture
- a. Hemodialysis line permcath
 - b. Peripherally inserted central line
 - c. Hickman line
 - d. Temporary central line
 - e. Pig tube

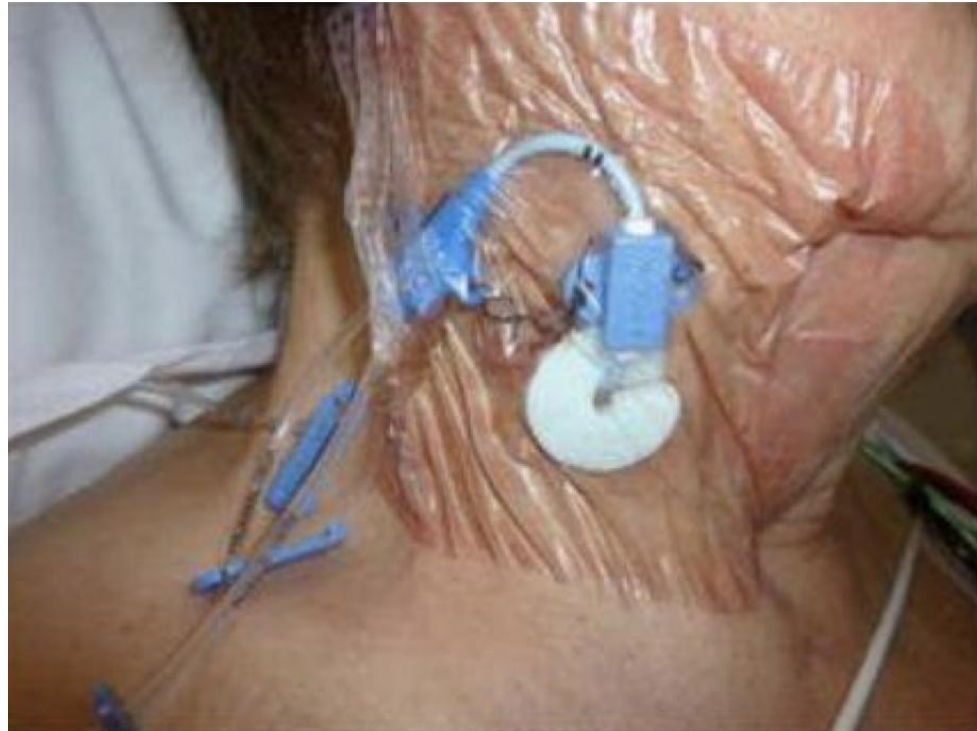
Answer: D



• QUESTION

SOUL 2021

- 1 .Name the device?
2. Name complications?



ANSWER

1. Central Venous Line
- 2 . Thrombosis/ Infection/ Pneumothorax



• QUESTION

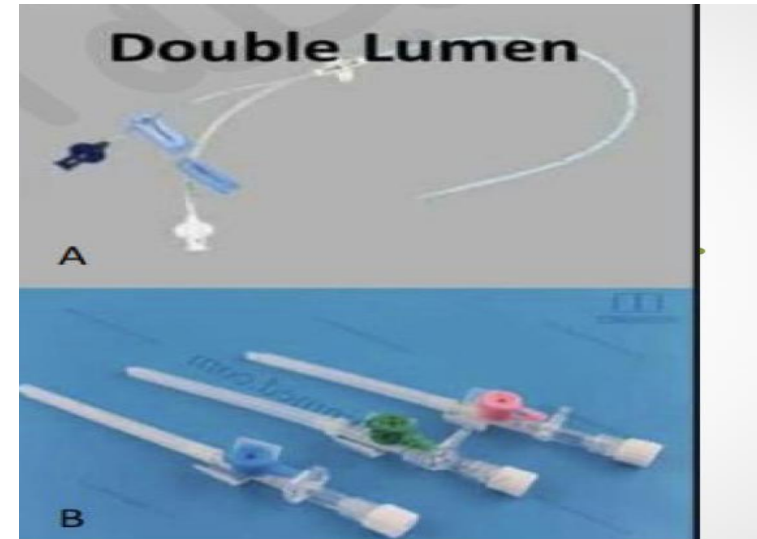
SOUL 2021

A) Name the device in picture A:

B) Which is better used for emergency venous access:

C) smallest cannula in diameter is?

D) Cannula for large amount of fluid?



• ANSWER

A. Central venous line

B. Cannula ,because it is easier to use, require less experience and time, it also deliver the largest volume of fluid

C)Yellow

D)Green

| Cannula's | | | |
|------------------------------------|-------|-------------------------------|--------------------------|
| Colour Code | Gauge | Catheter Ext. DiaxLength (mm) | Water flow-rate (ml/min) |
| Orange | 14G | 2.20 x 45 | 310 |
| Grey | 16G | 1.70 x 45 | 200 |
| White | 17G | 1.50 x 45 | 140 |
| Green | 18G | 1.20 x 38 1.20 x 45 | 105 100 |
| Pink | 20G | 1.00 x 32 | 64 |
| Blue | 22G | 0.80 x 25 | 38 |
| Yellow | 24G | 0.70 x 19 | 16/22 |
| Violet (without Injection Port) | 26G | 0.60 x 19 | 12/15 |



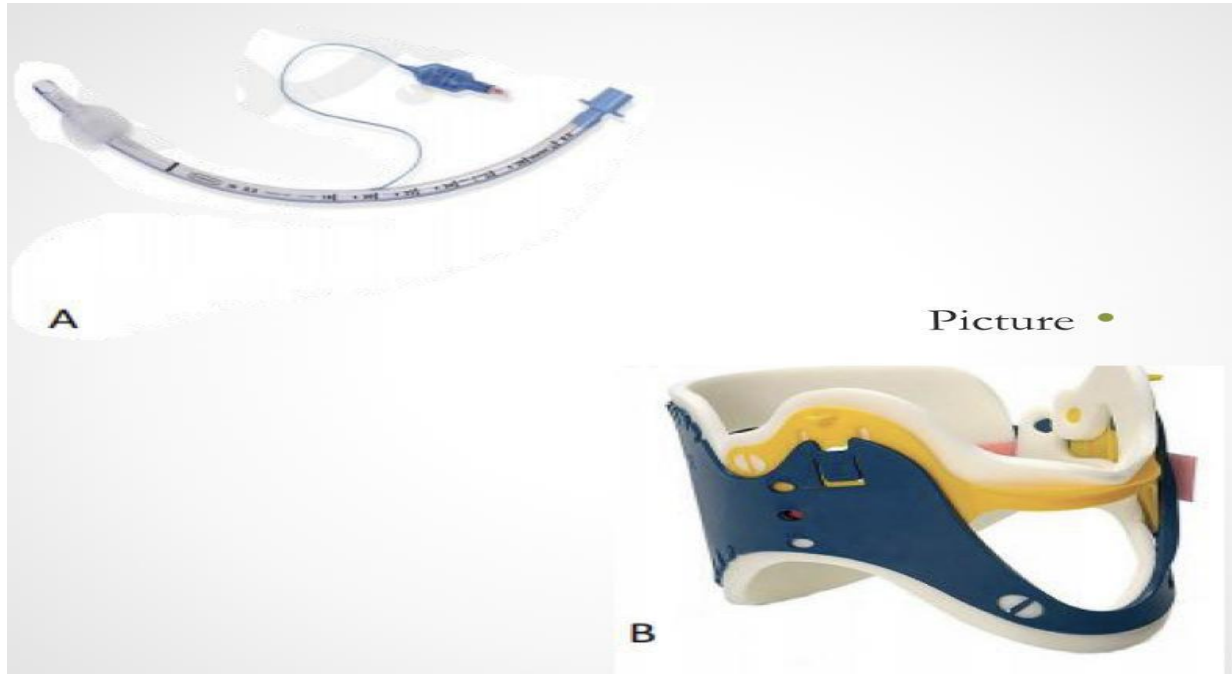
• QUESTION

SOUL 2021

The followings are used in emergency:

A) Name A:

:B) Name B



• ANSWER

A: Endotracheal tube

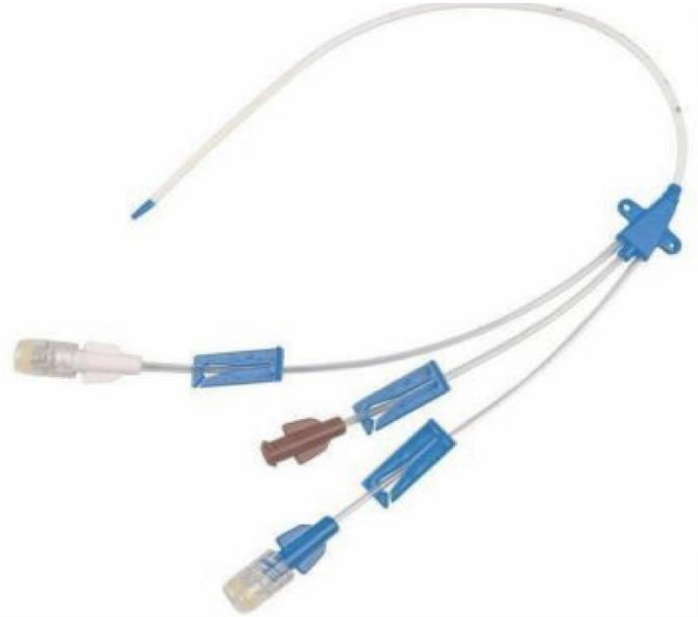
B: Hard neck collar



• QUESTION

SOUL 2021

1. What is the name of this procedure?
2. What's the smallest cannula in diameter?



• ANSWER

1. Central line triple Lumen

2. Yellow

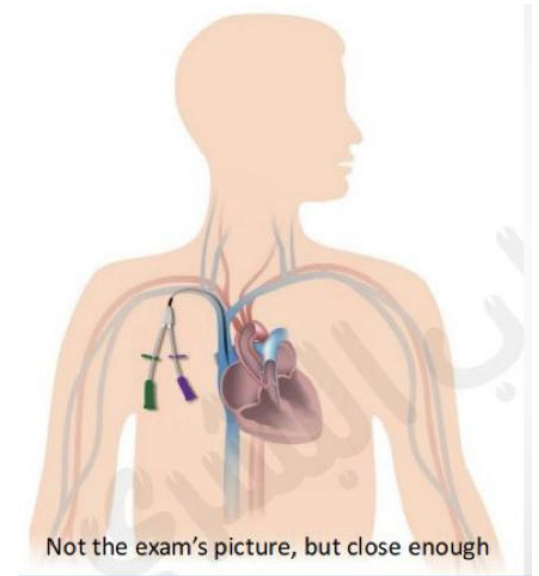


• QUESTION

IHSAN 2020

Central Venous Line

1. Name the line inserted in the patient
2. Name 2 complications that result from this line's insertion



• ANSWER.

1. Central venous line

2. Pneumothorax, Hemothorax, Recurrent laryngeal nerve injury, Arterial or Venous injury, Arterial access instead of venous, Hematoma, Infection, Thrombosis and occlusion of the line...etc



• QUESTION

IHSAN 2020

- 1: What is this device?
- 2: What does it calculate?



• ANSWER

I. Pulse Oximeter

II. - O₂ Saturation ,Pulse Rate (HR) -



• QUESTION

IHSAN 2020

- 1: What is this device?
- 2: Give 2 indications ?
3. The tip of it should reach?



• ANSWER

I. Nasogastric tube

II. 1) Feeding

2) Decompression

3) Administration of medication

4) Bowel irrigation

3. Stomach body



• QUESTION

2019 – Before

1. Name this tube?

2. Give 4 indications?



• ANSWER

1. Chest tube

2.1) Hemothorax 2) Pneumothorax 3) Chylothorax 4) Empyema

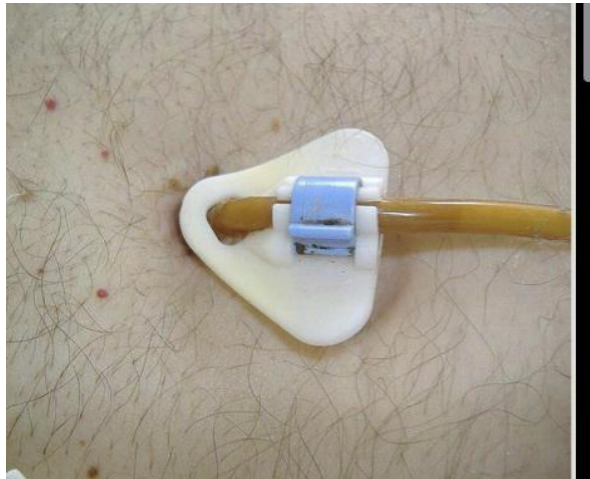


• QUESTION

2019 – Before

1. What is this?

2. What is the main indication for it?



• ANSWER

1. Gastric tube/G-tube/PEG tube/ Gastrostomy

2. Feeding



• QUESTION

2019 – Before

1. What is this?
2. Mention 2 complications?
3. Mention 2 Indications



• ANSWER

1. Tracheostomy

2. Infection. Blockage... Bleeding. Pneumothorax

3.1) Upper airway obstruction

2) Obtaining an airway in severe facial or neck trauma

3) Upper airway edema and copious secretions

4) failure to wean from mechanical ventilation

5) acute respiratory failure with need for prolonged mechanical ventilation (most common indication, 2/3 of all cases)



. QUESTION

2019 – Before

- 1.Name of device?
- 2.Where do you insert it?
- 3.Mention 2 indications?
- 4.Mention 2 complications?



• ANSWER

1. Central venous catheter (CVC)

2. Subclavian vein - Internal jugular vein

3. (1) Total parenteral nutrition (TPN) 2) Hemodialysis 3) Chemotherapy

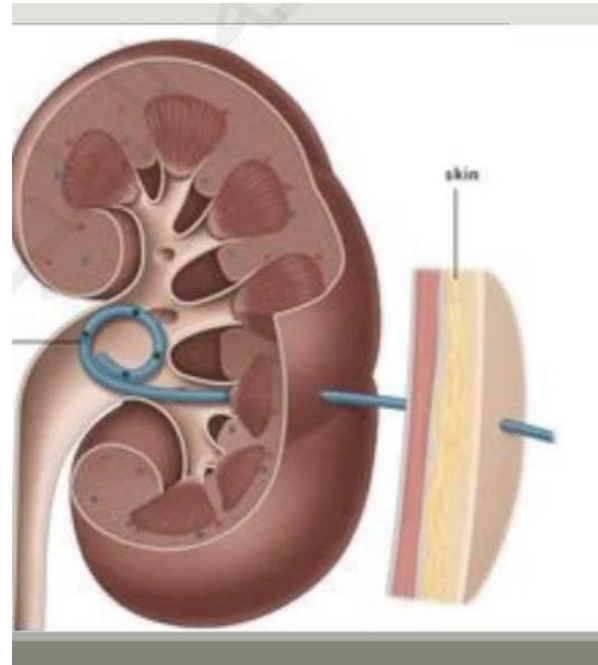
4. Infection , pneumothorax



• QUESTION

2019 – Before

1. Name The tube ?
2. Write 2 indications



• ANSWER

1.Nephrostomy tube

2.1) Urinary obstruction secondary to calculi

2)Hemorrhagic cystitis

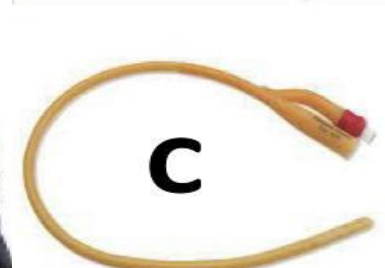
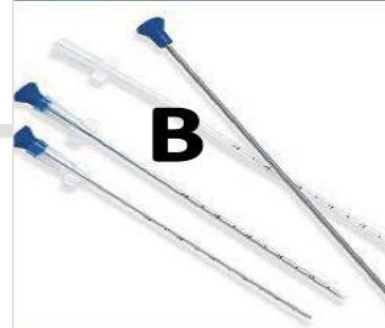
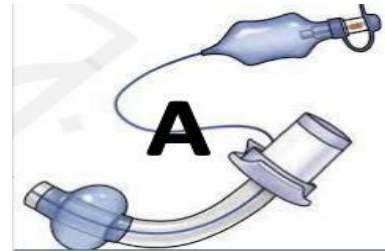


. QUESTION

2019 – Before

1. Which one is not used in primary survey

2. Which one is your 1st priority?



• ANSWER

1.C Foley's Catheter)

2.D Neck collar), some said (B)



• QUESTION

2019 – Before

1. What is the name of device?

2. What is the unit used in measurement??



• ANSWER

1. Foley's Catheter

2. French



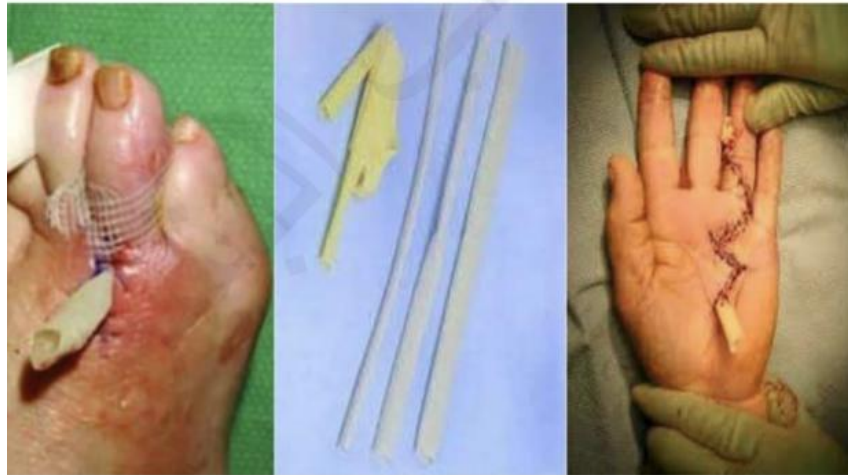
• QUESTION

2019 – Before

1. What is the name of the drain?
2. What is the name of the drain?

5-1-2-Penrose drain

Latex rubber, silicone



• ANSWER

1. Penrose

2. Open drain

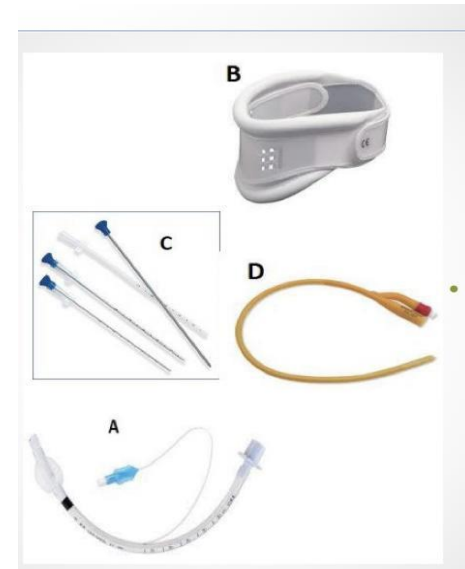


• QUESTION

2019 – Before

Of the instruments shown,

1. what is the least likely to be used in primary survey?
2. If needed, which of those has the highest priority to be used?



• ANSWER

1.(D)

2. (A or A+B)

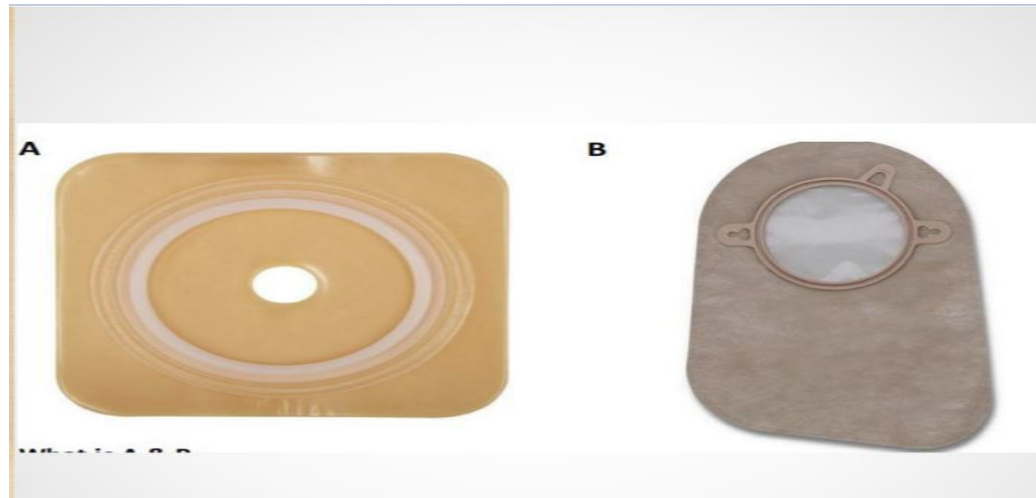


• QUESTION

2019 – Before

1. What is A & B?

2. Mention three indications for the medical condition that (A & B) are used for



• ANSWER

1. A Colostomy Base // B Colostomy bag

2. (1) Protect distal anastomosis (2) Diversion (3) Defunctioning

Some said (colostomy, ileostomy, double barrel)



• QUESTION

2019 – Before

What's the name of this device?

2. Mention three indications for its use?

3. What's the anatomical location of its tip end in the patient?



• ANSWER

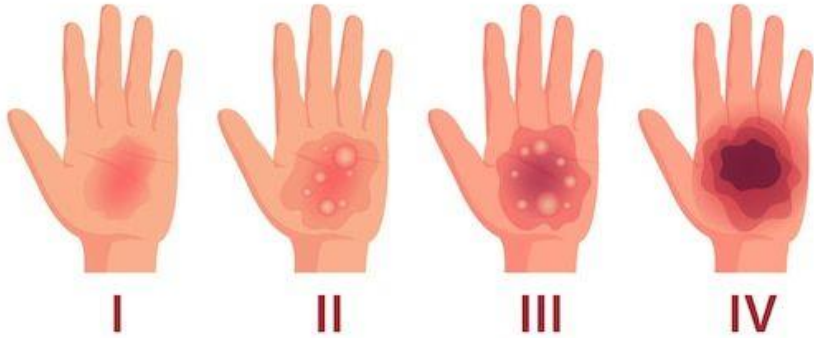
1. NGT

2. GI Obstruction, Feeding, GI Bleeding, Lavage (e.g. poisons), decompression (e.g. over an anastomosis), decrease risk of aspiration.

3. Stomach



DEGREE OF SKIN BURNS



✓ DO

✗ DON'T



Cool the burn



Apply aloe vera



Don't use oils



Don't use egg



Bandage the burn



Take a pain reliever



Don't pop blisters



Don't use ice

BURNS



• QUESTION

Yaqeen 2025

This is a picture for a patient who was involved in an electrical burn with a high voltage,:

- 1.what causes the urine color in this case
- 2.what measures should be taken to prevent renal impairment in this patient?



ANSWER

1. Color is a due to rhabdomyolysis. (Myoglobin in urine)
1. Fluid intake and alkalization of urine



• QUESTION

Yaqeen 2025

Case of circumstantial burn with futures of neurovascular compromise :

1. What is the name of this condition?
2. What is the management?

(c)



ANSWER

1. Distal neurovascular impairment.
2. Escharotomy

A) Circumferential, full-thickness burns to the extremities are at risk for what complication?

Distal neurovascular impairment

B) How is it treated?

Escharotomy: full-thickness longitudinal incision through the eschar with scalpel or electrocautery



• QUESTION

Wateen 2023

9 year old child presented with 2nd degree burn all over his upper limb bilaterally.

A. What is the estimated percent of burn this child has?

B. Mention one major complication this patient is likely to have?

(No picture found)



• ANSWER

A. 18 %

B. Contracture



• QUESTION

SOUL 2021

Baby presented with burn to the ER, the surface area was described (I think both arms with lower back and neck)

A) What is the management:

B) What is the percentage:



• ANSWER

A. Admit and pain management

B. 30% (any number from 25-30 is accepted)



• QUESTION

SOUL 2021

1. What is the Diagnosis?

2. Question about the rule of 9 for upper limb?



• ANSWER

1.Type 2 burn



• QUESTION

Q1: What is the degree of burn in this image?

Q2: What is the name of the scar?

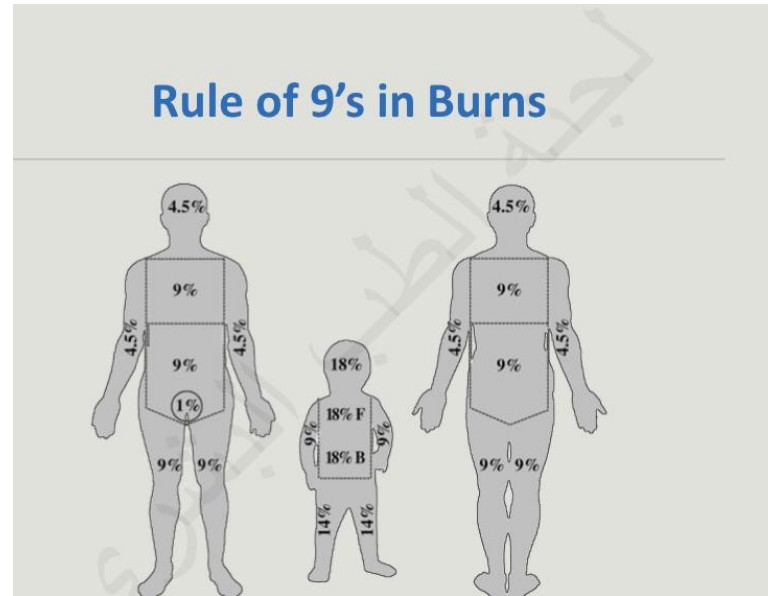
Q3: if the burn was circumferential and the patient weight was 100 kg, calculate:

1. TBSA% 2. Fluid needed in the 1st 8 hours



• ANSWER

1. 3rd Degree
2. Escharotomy
- 3.





BREAST



• QUESTION

Yaqeen 2025

A male patient with a heart disease:

A. what is the abnormality in the picture ?

B.what drugs our patient takes that can cause this finding ?



ANSWER

A. Gynecomastia.

B. spironolactone ,digoxin



• QUESTION

Yaqeen 2025

A female with a diagnosis of a breast cancer ,

1. what is the underlying cause for this skin pathology
2. What is the pathology?
3. What is its TMN?
4. What is the sign?
5. Give 2 differentials?



ANSWER

1. skin pathology caused by Invasion of the malignant cells into the subdermal lymphatics
2. Infiltrative ductal carcinoma
3. Not sure
3. Peau'd orange and nipple retraction, skin dimpling
4. 1) Invasive ductal carcinoma 2) Inflammatory breast cancer



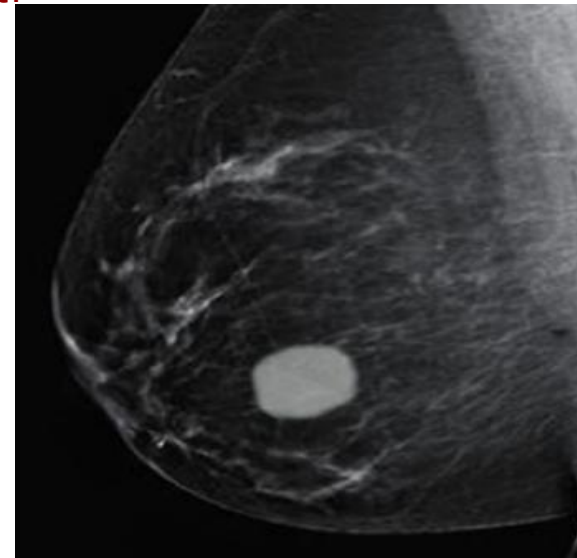
• QUESTION

Wateen 2023

A 40 year old lady presented with 3 cm painful mass in the left breast for 6 weeks duration. Breast ultrasound and mammogram as in this figure?

A. What is the most likely diagnosis?

B. What is the best next step in management?



• ANSWER

A. Breast cyst

B. Cyst aspiration - Follow up



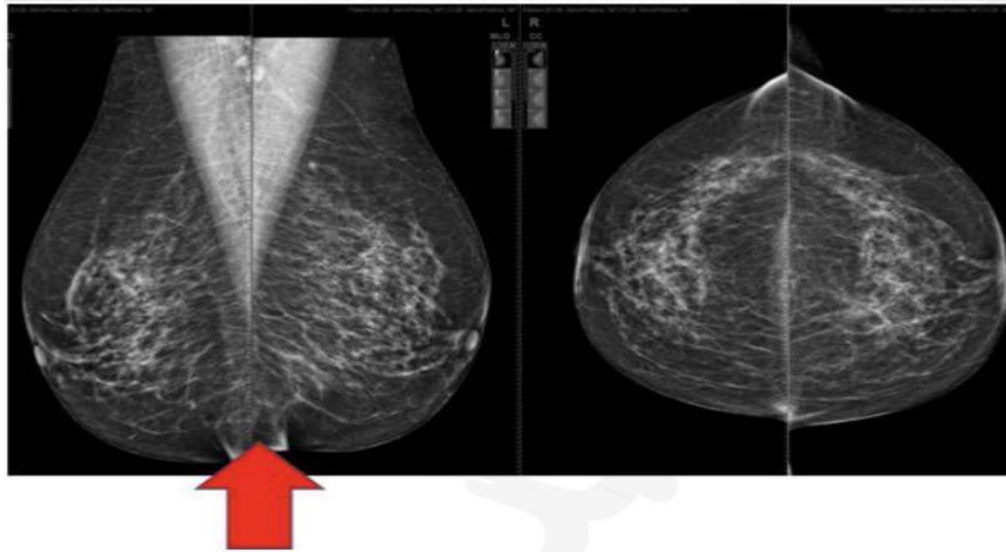
• QUESTION

Wateen 2023

Regarding this mammogram for A 45 year old.

A. Name the view labeled by the red arrow?

B.If the radiologist report labelled the result as BIRAD 0, the next step in management is?



• ANSWER

A. Medio-lateral oblique

B. Ultrasound + breast MRI



• QUESTION

Wateen 2023

3 years following treatment of breast cancer, this lady presented to the clinic for regular check up. During examination you identified these changes.

A. Name this complication?

B. What possible complication could this patient develop secondary to it?



• ANSWER

A. Lymphoedema

B. Axillary dissection



• QUESTION

Wateen 2023

- a) Name the muscle
- b) the green color zone number



• ANSWER

a) Pectoralis Major

b) Zone 1



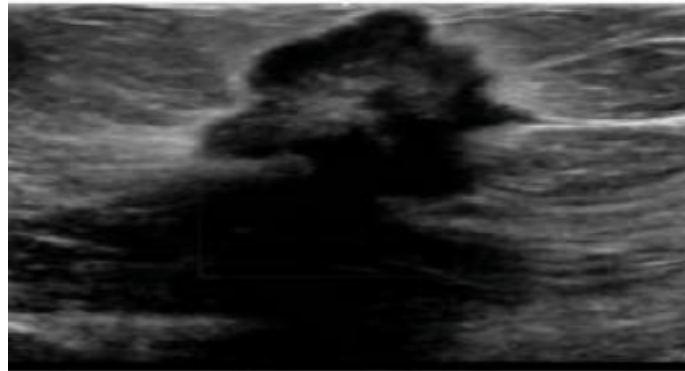
• QUESTION

Harmony 2022

18. 50 y old female , presented to breast clinic with breast pain and nipple thickening with eczema like appearance , breast US DONE ,What is the most likely tumor ?

- a. Invasive ductal carcinoma
- b. LCIS
- c. DCIS
- d. Squamous cell carcinoma

Answer: C



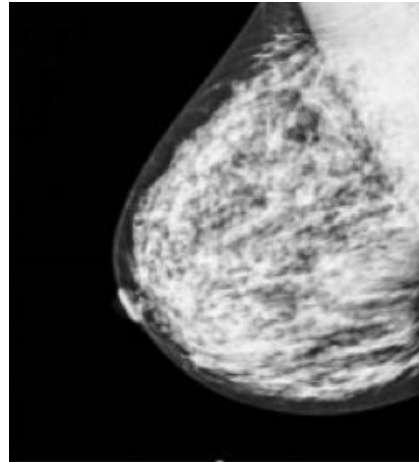
• QUESTION

Harmony 2022

22. This is a 43 year old lady mammogram, according to BIRAD classification what class breast density is this:

- a. Class D
- b. Class A
- c. Class B
- d. Class C

Answer: D



• QUESTION

Harmony 2022

26. This a mammogram with BIRAD-3 , the next step in management is:

- a. Breast MRI
- b. Follow up in 6 months
- c. Breast FNA
- d. Core needle biopsy

Answer: B

Image not found



• QUESTION

Harmony 2022

Female with ACR of 4 and BIRAD 0 :

A. what is the percentage of breast density?

B. what to do next?

(No picture found)



• ANSWER

A. >70%

B. repeat cytology

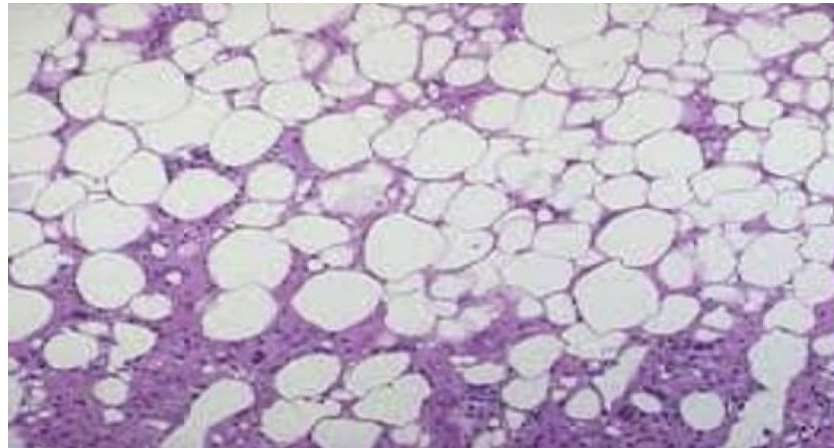


QUESTION

SOUL 2021

Female patient with a hard fixed painful mass for 3 weeks duration:

1. What your next step?
2. What's a benign condition?



ANSWER

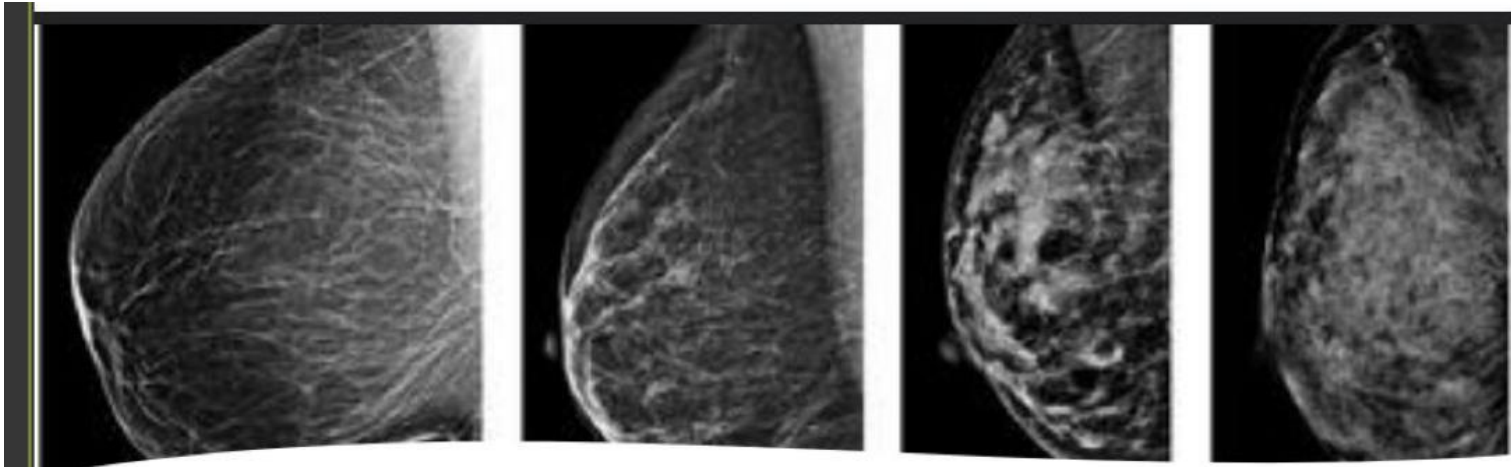
1. Mammogram or US (depends on the age "not sure ")
2. Fat necrosis



QUESTION

SOUL 2021

1. Which one is heterogeneously dense?
 2. Which one is most likely to be malignant?
- (not the same picture)



ANSWER

1. Picture C

2. Picture B

(Not sure)



• QUESTION

SOUL 2021

16 years old male , present with chronic breast mass ; Name the diagnosis



• ANSWER

Gynecomastia

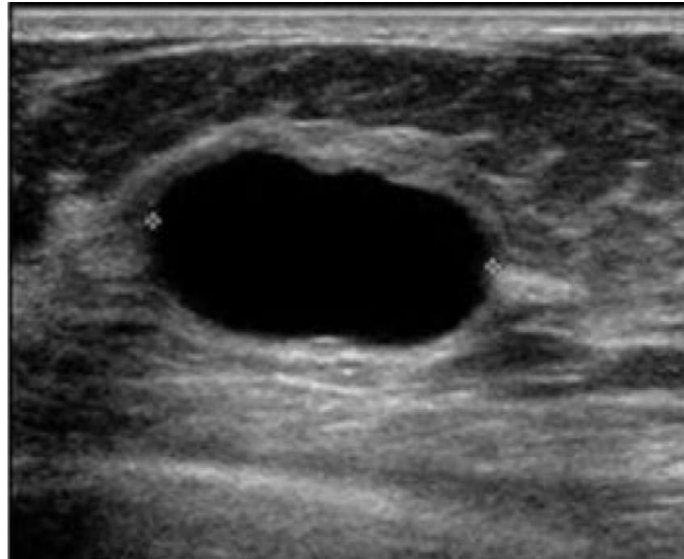


• QUESTION

SOUL 2021

A) What is your diagnosis:

B) What is your management



• ANSWER

A. Breast cyst

B. Aspiration



• QUESTION

SOUL 2021

A question about breast cancer, there were values of ER(+), PR(+), HER2 (-)

A) What is the luminal classification

(No picture found)



• ANSWER

A. Luminal B , Her2 negative



• QUESTION

SOUL 2021

1. What is the finding ?

2. Most common Gene mutation associated with Male breast cancer ?



• ANSWER

1. Male breast nipple changes.

2. BRCA 2



• QUESTION

SOUL 2021

1. Diagnosis?

2. Most common cause?

3. Next step in management?



• ANSWER

1. Breast Mastitis/Abscess

2. S.Aureus.

.3. Abx

Incision and drainage



• QUESTION

IHSAN 2020

A 23-year-old single female presented to the clinic with rapidly growing (9cm) left breast mass over the last 6 months. The mass was at the time of examination irregular, hard and fixed ;

A•What is the most likely diagnosis?

B. The most common site of metastasis is:



• ANSWER

A. Phyllodes tumor

B. Lungs



• QUESTION

IHSAN 2020

A 37-year-old female presented with right breast pain for the last 3 months. A breast ultrasound showed these findings consistent with BIRAD 4c.

A. The likelihood of malignancy is:

B. The clinical T stage “if a diagnosis of invasive carcinoma is proved” is



• ANSWER

A.50-90%

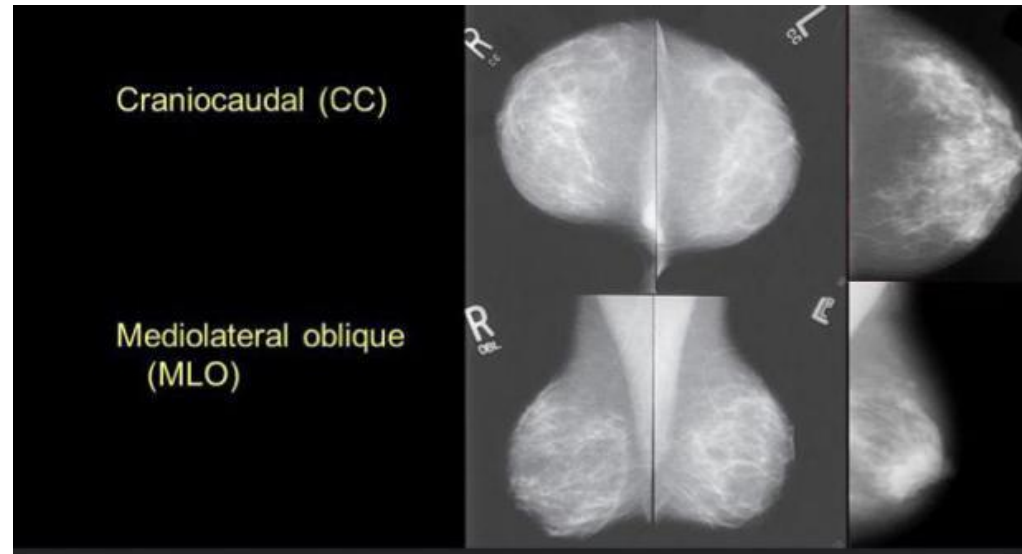
B.T₄



• QUESTION

IHSAN 2020

Name the following views for mammogram



• ANSWER

Craniocaudal (CC)

Mediolateral Oblique (MLO)



• QUESTION

IHSAN 2020

What is your next step if the patient is a BIRAD 3



• ANSWER

Follow up (6 month) and further investigations

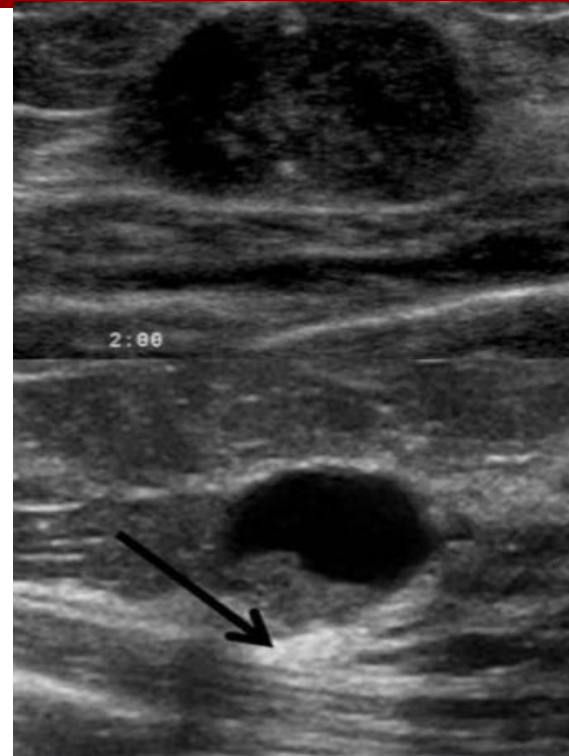
| Final Assessment Categories | | | |
|-----------------------------|---|---|--|
| Category | | Management | Likelihood of cancer |
| 0 | Need additional imaging or prior examinations | Recall for additional imaging and/or await prior examinations | n/a |
| 1 | Negative | Routine screening | Essentially 0% |
| 2 | Benign | Routine screening | Essentially 0% |
| 3 | Probably Benign | Short interval-follow-up (6 month) or continued | >0 % but ≤ 2% |
| 4 | Suspicious | Tissue diagnosis | 4a. low suspicion for malignancy (>2% to ≤ 10%) 4b. moderate suspicion for malignancy (>10% to ≤ 50%) 4c. high suspicion for malignancy (>50% to <95%) |
| 5 | Highly suggestive of malignancy | Tissue diagnosis | ≥95% |
| 6 | Known biopsy-proven | Surgical excision when clinical appropriate | n/a |

• QUESTION

IHSAN 2020

35 years-old female patient:

1. What is the Dx?
2. What does the arrow indicate to:
3. What are the indications for a biopsy in this female?
4. What will you do to manage this patient



• ANSWER

1. Breast Cyst

2. Acoustic Enhancement

3.1) Bloody aspiration 2) Failure to completely resolve 3) Recurrence after 2nd aspiration 4) Atypical cells

4. Aspiration

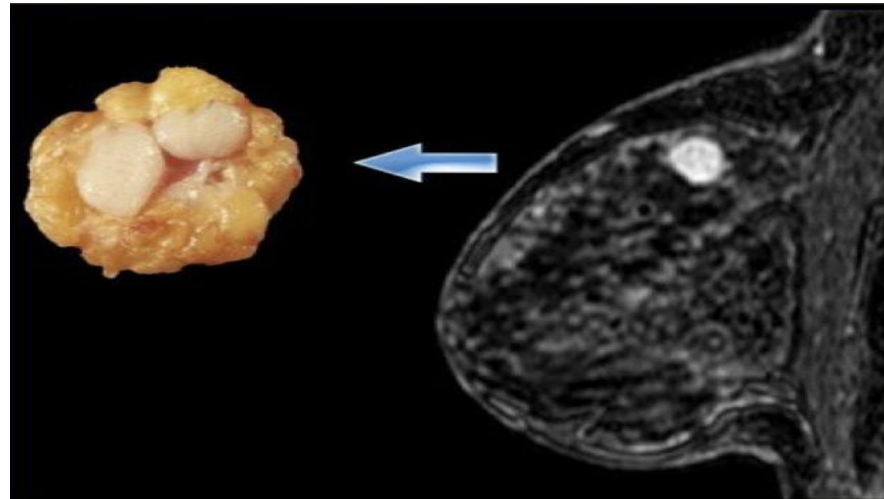


• QUESTION

2019 – Before

23-year-old female underwent triple assessment for an asymptomatic mobile breast lump

1. What is the most likely diagnosis?
2. What is the FNA category reported?
3. Give 2 indications for surgery:



• ANSWER

1. Fibroadenoma

2. clusters of branching papillary fronds of benign ductal epithelial cells, myoepithelial cells, and sparse stromal fragments in a fibromyxoid background

3.

1. masses that are symptomatic

2. increasing in size



• QUESTION

2019 – Before

A punch biopsy was taken from the nipple that revealed large cells with a clear cytoplasm, high-grade nuclei and prominent nucleoli

1. What is the diagnosis?
2. Name two markers that can differentiate it from Melanoma on immune histochemistry :



• ANSWER

Not sure about the answers

2. Mammary Paget Disease

1. CK7+) and CD23



• QUESTION

2019 – Before

A nipple biopsy for a female patient shows large cells with a clear cytoplasm, high grade nuclei and prominent nucleoli

1. What is your Dx?
2. Mention 2 immuno- histochemical tests to differentiate it from melanoma?



• ANSWER

1. Paget disease of the breast/nipple (PDB)

2.1) CEA (pos. in PDB) 2) Protein S100 (neg. in PDB)



• QUESTION

2019 – Before

A 50 years-old female has breast pain, breast only shows skin redness

1. What is the diagnosis?
2. Diagnostic procedure?
2. Management
4. modality of diagnosis?
5. According to bTNM stage system the T stage is?



• ANSWER

1. Inflammatory breast cancer
2. Mammogram
3. Mastectomy
4. Triple assessment
5. T4d



. QUESTION

2019 – Before

1. What is the pathology?

2. What is its TMN?



• ANSWER

1. Carcinoma en cuirasse

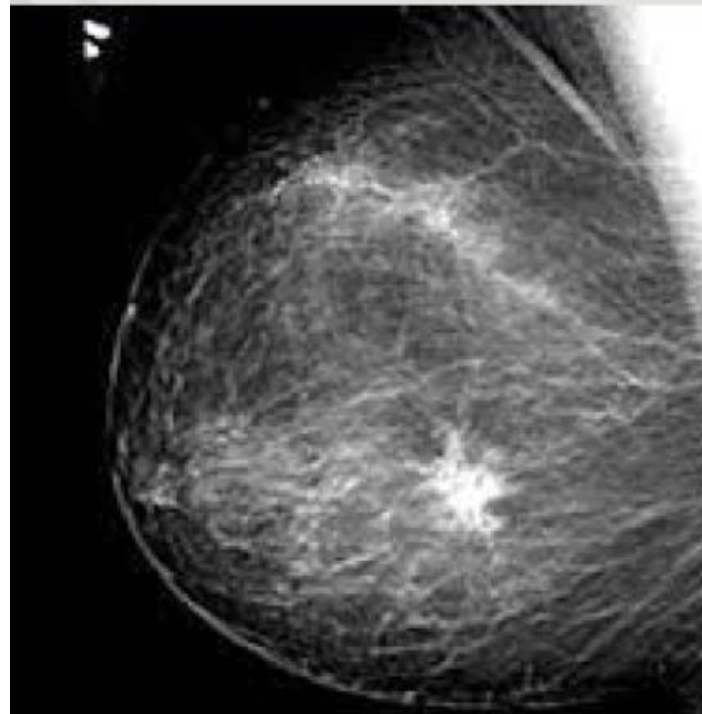
2. Stage 3 (if there is METS – stage 4)



• QUESTION

2019 – Before

1. Name the study?
2. Mention 2 abnormalities?
3. What is the diagnosis?
4. How to confirm your diagnosis?



• ANSWER

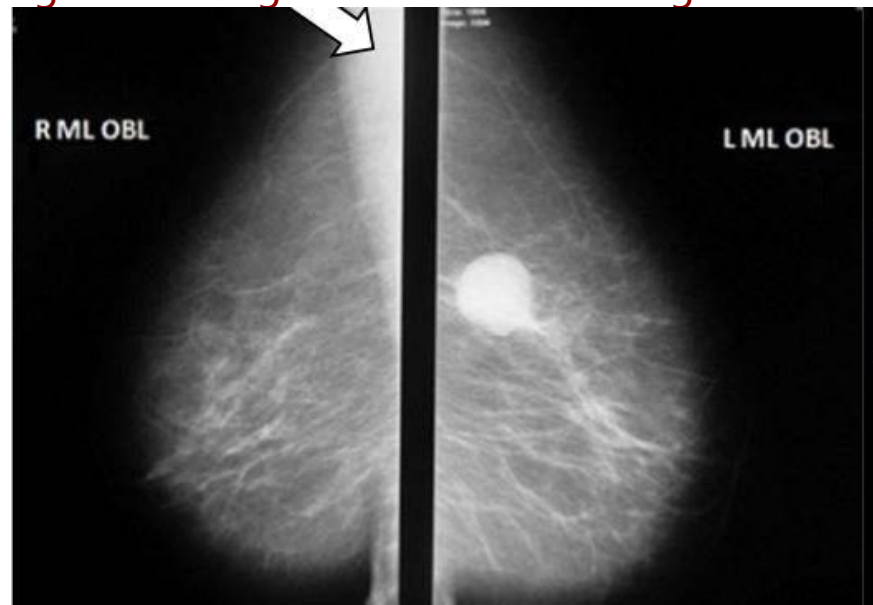
- 1.Mammogram
- 2.Masswith irregular border and calcification
- 3.Breast Ca
- 4.Biopsy



• QUESTION

2019 – Before

1. What is this view?
2. What is this structure (arrow)?
3. What are the malignant changes seen on mammograms? Mention 3?



• ANSWER

1. Mediolateral=oblique

2. Pectoralis major muscle

3. 1) Calcifications 2) Speculations 3) Mass with greater density than normal tissue



• QUESTION

2019 – Before

37 years-old female patient is complaining of enlarging breast mass within 6 months:

1. Your diagnosis?
2. What is this structure (arrow)?
3. if it is malignant, what is the common route of METS?



• ANSWER

1. Phyllodes tumor

2. Pectoralis major muscle

3. Hematogenous



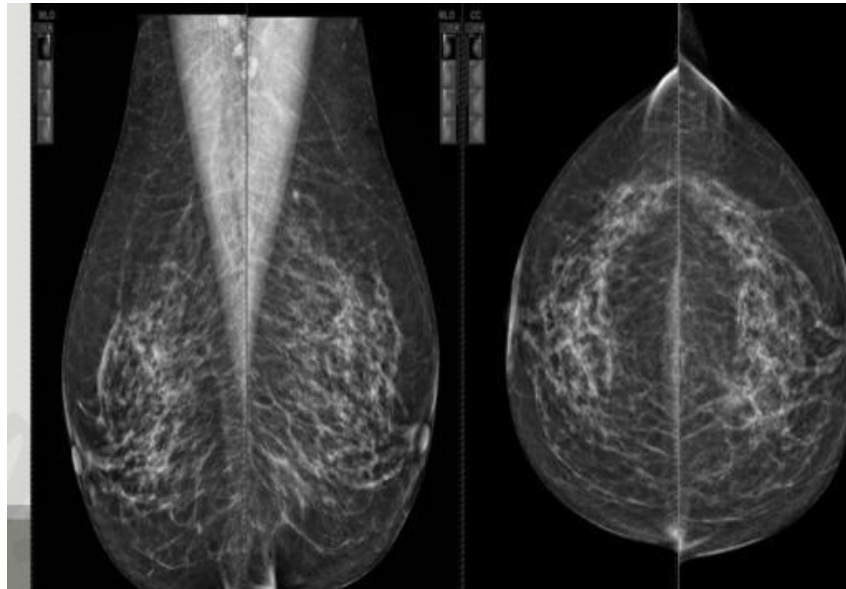
• QUESTION

2019 – Before

Breast with Birad 2:

1. What is the next step in the management?

2. What is the view in B?



• ANSWER

1. Routine screening
2. Mediolateral oblique view

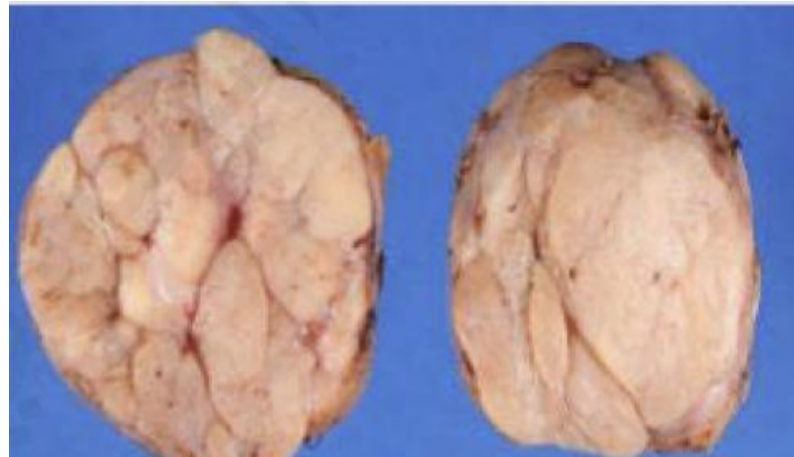
| BI-RADS CATEGORIES |
|--|
| BI-RADS 0 (incomplete): Recommend additional imaging -- mammogram or targeted ultrasound |
| BI-RADS 1 (negative): Routine breast MR screening if cumulative lifetime risk \geq 20% |
| BI-RADS 2 (benign): Routine breast MR screening if cumulative lifetime risk \geq 20% |
| BI-RADS 3 (probably benign): Short-interval (6-month) follow-up |
| BI-RADS 4 (suspicious): Tissue diagnosis |
| BI-RADS 5 (highly suggestive of malignancy): Tissue diagnosis |
| BI-RADS 6 (known biopsy-proven malignancy): Surgical excision when clinically appropriate |



• QUESTION

2019 – Before

1. What is the pathology?
2. What is the management?
3. What is the likelihood (%) of this tumor to be benign?



• ANSWER

1. Phyllodes tumor (Brodie's)
2. Wide local excision
3. 90% benign



• QUESTION

2019 – Before

A female with mobile, mouse like lump in one breast:

1. What is the diagnosis?
2. What is the stage according to FNA?



• ANSWER

1. Fibroadenoma

2. C2

C1 = unsatisfactory.

C2 = cells present all benign; no suspicious features.

C3 = cells suspicious but probably benign.

C4 = cells suspicious but probably malignant.

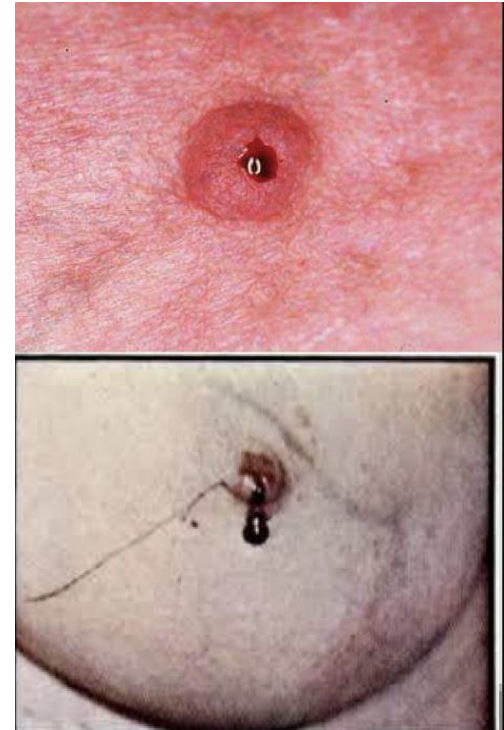
C5 = Definitely malignant.



• QUESTION

2019 – Before

1. What is the pathology?
2. Mention 2 imaging studies?
3. What is the risk of malignancy of this lesion?



• ANSWER

1. Intraductal papilloma

2.1) Ductogram, Ductoscope 2) Mammogram, US

3.15%



• QUESTION

2019 – Before

By which mechanism does breast cancer cause hypercalcemia?



• ANSWER

Parathyroid hormone - related protein (not due to osteoclastic METS)

Note: The main pathogenesis of hypercalcemia in malignancy is increased osteoclastic bone resorption, which can occur with or without bone metastases. The enhanced bone resorption is mainly secondary to PTH-related protein**





NECK, THYROID & SALIVARY GLANDS



QUESTION

Yaqeen 2025

1. Name this sign.
2. First symptom to develop
3. What is the cause?



ANSWER

1. Trousseau Sign
2. Ischemic injurie
3. Hypocalcemia after removal of parathyroid glands



QUESTION

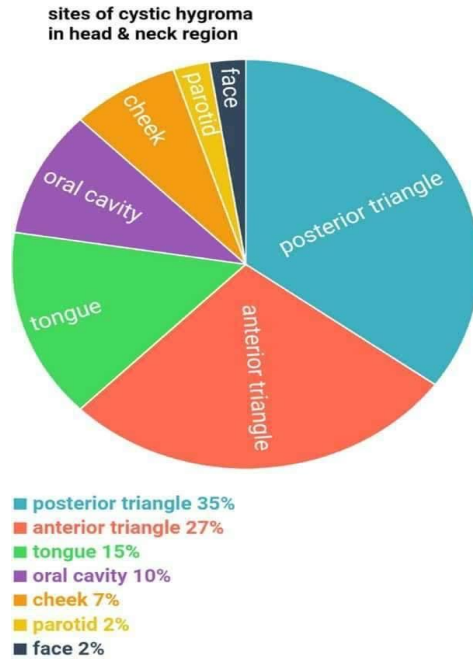
Yaqeen 2025

1. What is the diagnosis?
2. What is the most common second location?



• ANSWER

1. Cystic hygroma
2. Anterior triangle



Cystic hygroma

- Fluid-filled sacs caused by blockages in the lymphatic system.
- **most hygromas appear by age 2.**
- **soft, non-tender, compressible lump.**
- high recurrence rate.
- usually located in the posterior triangle of the neck.
- **transillumination.**
- DDX: teratoma/hemangioma/encephalocele.



• QUESTION

Yaqeen 2025

- A. Name the sign.
- B. Give the cause



ANSWER

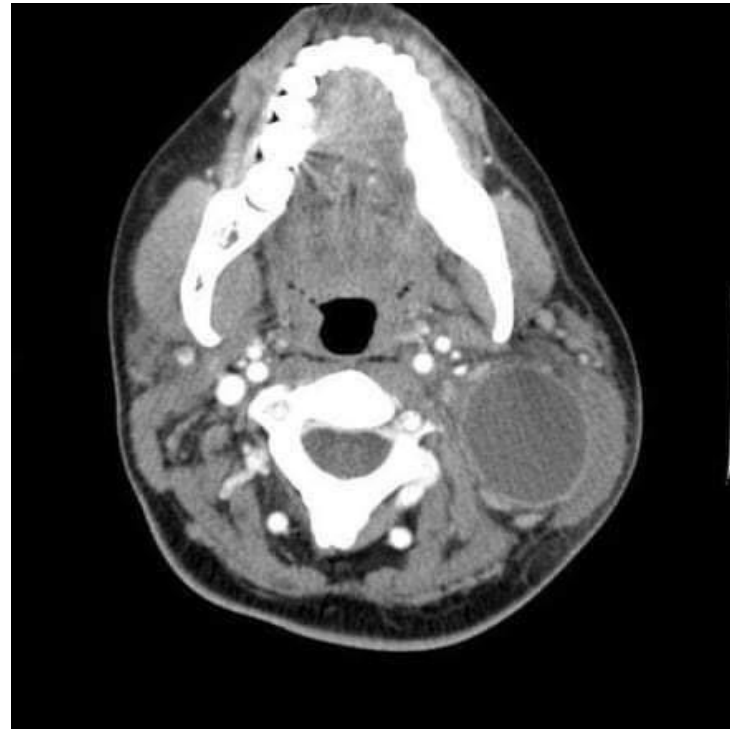
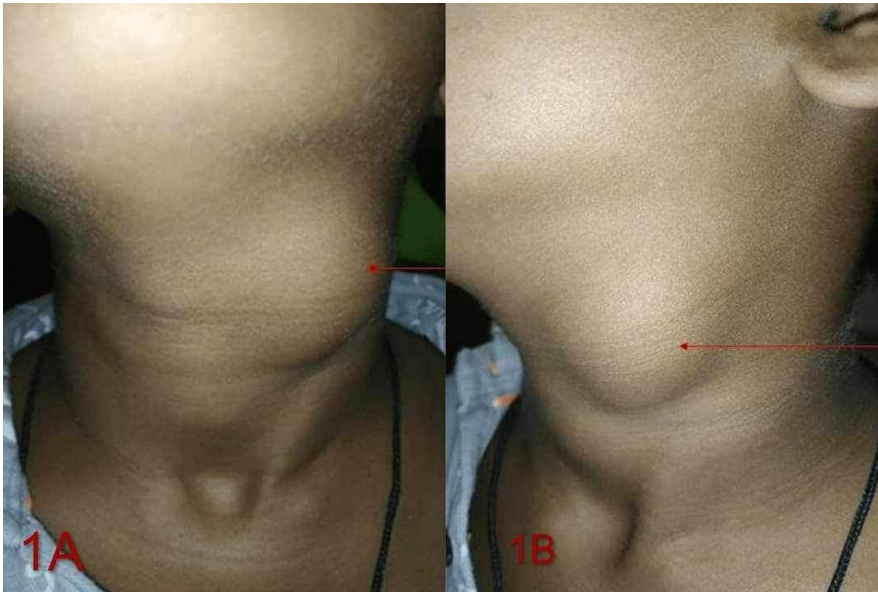
- A. pemberton sign
- B. common manifestation of retrosternal goiter but may also occur with lung carcinoma, lymphoma, thymoma, or aortic aneurysms ,occurs when the thoracic inlet becomes obstructed during positional changes, resulting in compression of the jugular veins. (تكفي للاجابة retrosternal goiter)



• QUESTION

Yaqeen 2025

1. Name the lesion :
2. It's origin:



ANSWER

1.branchial cyst

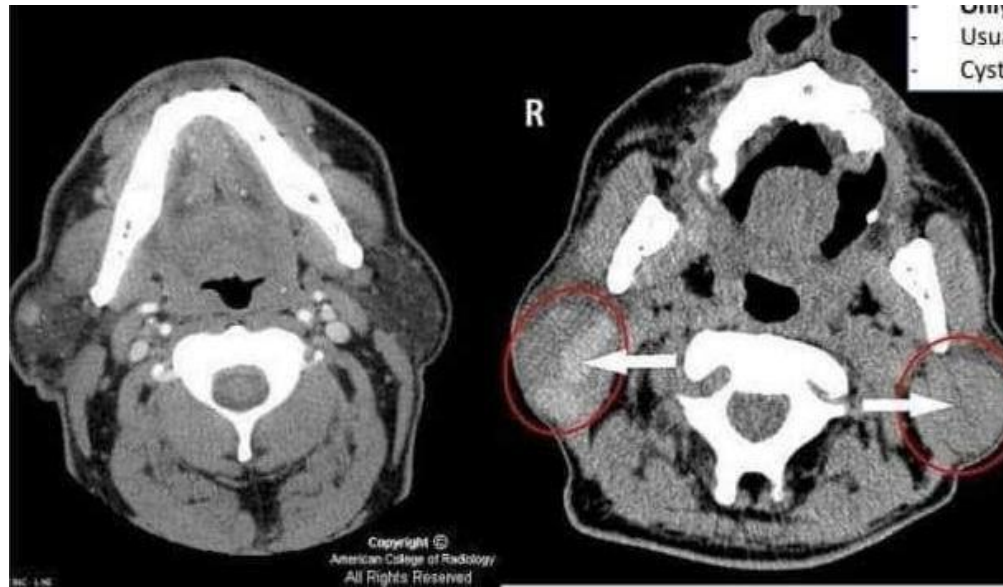
2.originate from : 2nd pharyngeal pouch



• QUESTION

Yaqeen 2025

1. What is the diagnosis?
2. What is the most common site?
3. Describe the consistency of the mass :



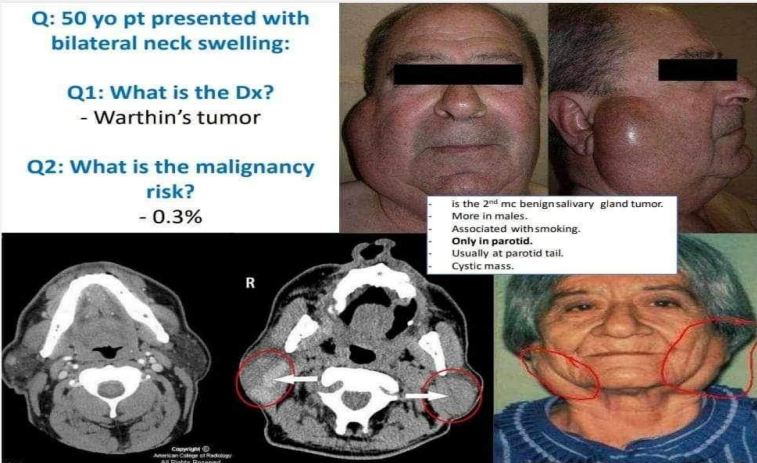
• ANSWER

1. Warthin's tumor
1. Parotid tail (inferior pole of superficial lobe)
1. Not sure

Q: 50 yo pt presented with bilateral neck swelling:

Q1: What is the Dx?
- Warthin's tumor

Q2: What is the malignancy risk?
- 0.3%



- is the 2nd mc benign salivary gland tumor.
- More in males.
- Associated with smoking.
- Only in parotid.
- Usually at parotid tail.
- Cystic mass.

• QUESTION

Hope 2024

This lady underwent resection of a submandibular gland for a mass

1. What nerve injury resulted from her surgery?
2. What is the likelihood of malignancy in general for a submandibular gland mass?



• ANSWER

1. facial nerven(LMN)

2. 50%

| Salivary Gland | Malignancy Rate | Incidence of Tumor |
|--------------------|-----------------|--------------------|
| Parotid | 20% | 80% |
| Submandibular | 50% | 15% |
| Sublingual & Minor | 70% | 5% |



• QUESTION

Hope 2024

A. What is the general diagnosis of this case?

B. Name the tumor marker for the thyroid lesion in this case ?



• ANSWER

A. Jaundice

B. TSH

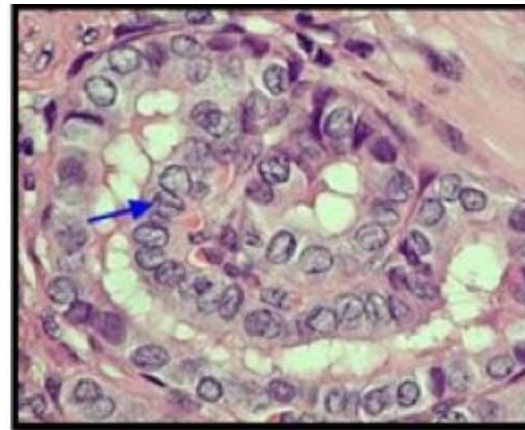


• QUESTION

Wateen 2023

A 36-year-old female underwent FNAC for a thyroid lump. This was reported as Bethesda VI.

1. What is the risk of a false positive result ?
2. Name the nuclear feature pointed to by the blue arrow that supported the diagnosis



• ANSWER

A. 1-3%

B. Nuclear groove



• QUESTION

Wateen 2023

A 20-year-old male presented with an anterior neck lump above the level of the thyroid gland. The figure represents the ultrasound findings of this Lesion

1. What is the characteristic physical examination finding for this lesion?
2. Following surgery the histopathology examination reported a malignant lesion; what is the most likely malignancy



• ANSWER

A. Cyst move deglutition

B. Papillary thyroid carcinoma



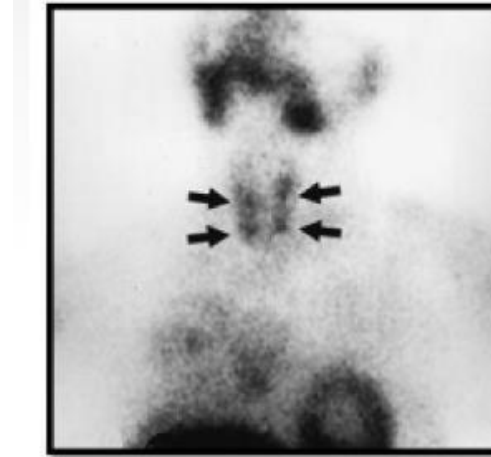
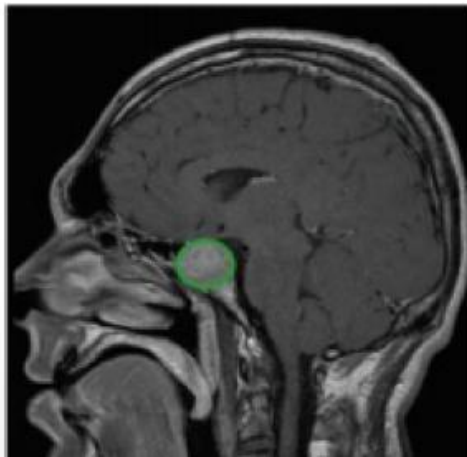
. QUESTION

Wateen 2023

A 35-year-old female was found to biochemically primary hyperparathyroidism. A MIBI-scan and a pituitary MRI were performed

. A) What is the most likely clinical manifestation that lead to performing a pituitary MRI?

B) What additional imaging study would you perform for this patient ?



• ANSWER

A. Hyperprolactinemia - Bone pain

B. Pancreatic CT scan - Bone x-ray



• QUESTION

Wateen 2023

2 hours following thyroidectomy, this patient developed neck swelling and shortness of breath.

1. What is your diagnosis
2. Next step in management



• ANSWER

A. Hematoma post operation

B. Intubation



• QUESTION

Harmony 2022

3. 30 year old presented with hyper functional diffuse enlargement of her thyroid gland ,What is the most sensitive serologic marker of this condition

- a. T₃/T₄ Ratio
- b. TSH LEVEL
- c. Free T₃
- d. Anti TSH Receptor antibody

Answer: D

Image not found

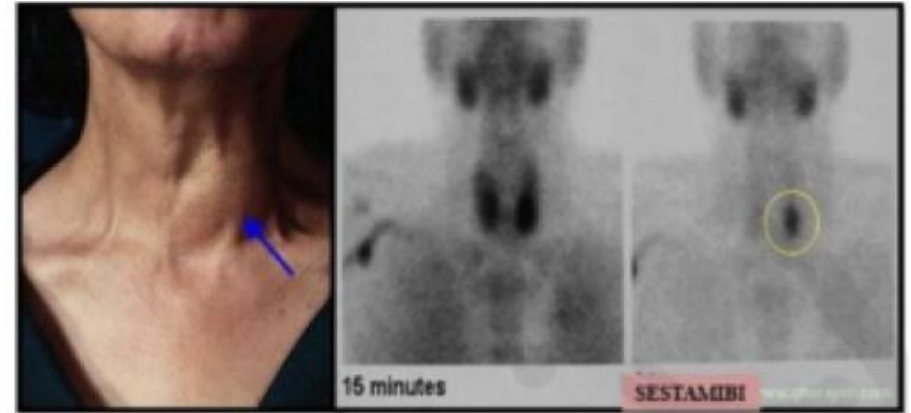


• QUESTION

Harmony 2022

4. What is your diagnosis ?
- a. Parathyroid cancer
 - b. Parathyroid hyperplasia
 - c. Thyroid cancer
 - d. Reactionary Inflamed lymph node

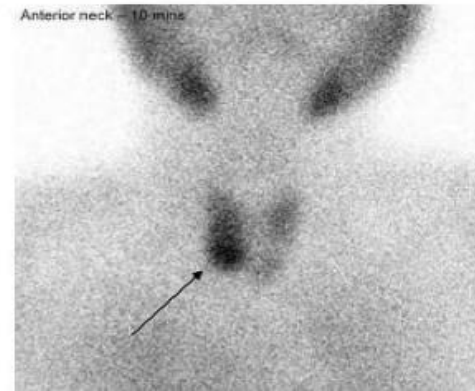
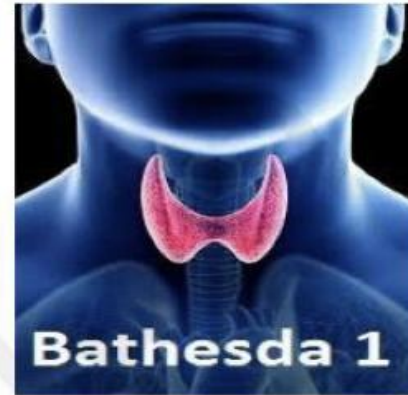
Answer: A



• QUESTION

Harmony 2022

What shall you do in the following cases ?



• ANSWER

Thyroid → repeat cytology

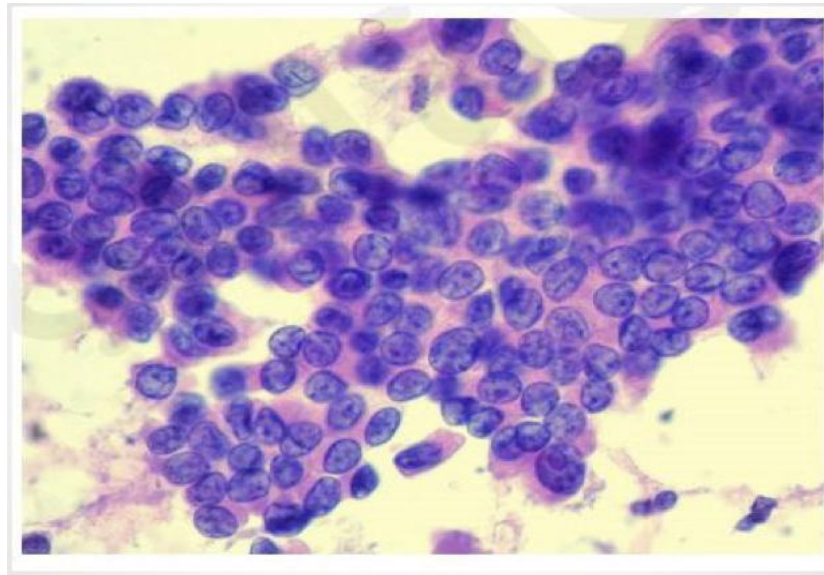
Parathyroid → remove



• QUESTION

Harmony 2022

- 1-What is the type of cancer seen in this histology ?
2. What is the rate of the malignancy?
- 3.Mention 2 features seen in the picture?



• ANSWER

1. Papillary thyroid carcinoma
2. 97-99%
3. Nuclear Crowding ,Orphan Annie Nuclei



QUESTION

SOUL 2021

The morning following total thyroidectomy:

1. Name the sign you see?
2. Mention a Name of other sign can be seen in this pt ?



• ANSWER

1. Trousseau's sign

2 . Chvostek sign



INCOMPLETED QUESTIONS OR WITH NO PICTURE: Q1.

SOUL 2021

A question about

1. most common site of thyroglossal duct cyst ?
2. Characteristic feature on physical exam :



ANSWER

1. Infra hyoid bone
2. movement with tongue protrusion



QUESTION

SOUL 2021

Case about Bethesda VI scoring:

1. Percentage of malignancy ?
2. Most common cancer in this patient ?



ANSWER

1. 97-99%
2. Papillary thyroid carcinoma



QUESTION

SOUL 2021

question about warthin tumor: -

1. Describe the consistency of the lesion?
2. Most important Risk factor?



ANSWER

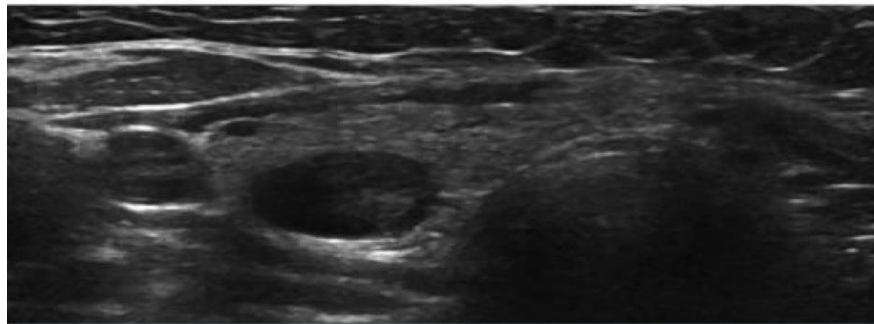
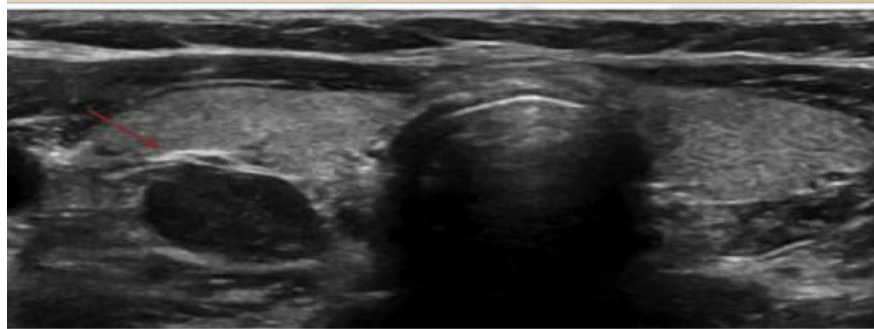
1. Soft , flfluctuate
2. Smoking



• QUESTION

SOUL 2021

Name 2 sonographic features that are suggestive of malignancy



• ANSWER

Micro-calcification

Taller than wide shape

Irregular margins •



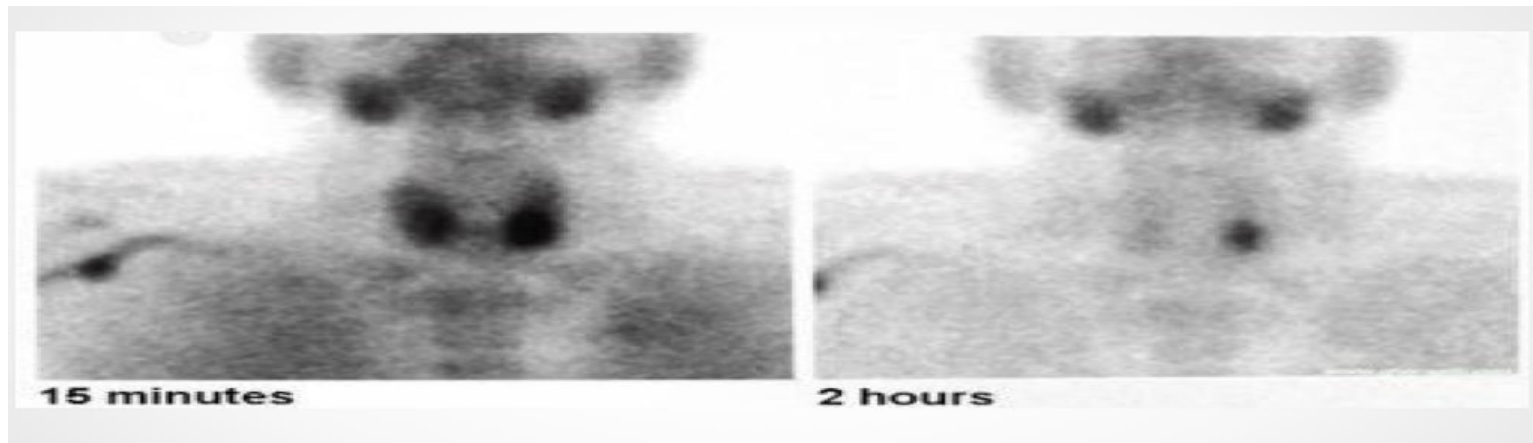
• QUESTION

SOUL 2021

This image was obtained from 54 yrs old female complaining of repeated attacks of renal colic ,

A) What does the study reveal?

B) What is the likelihood that the lesion detected is malignant?



• ANSWER

A. parathyroid adenoma

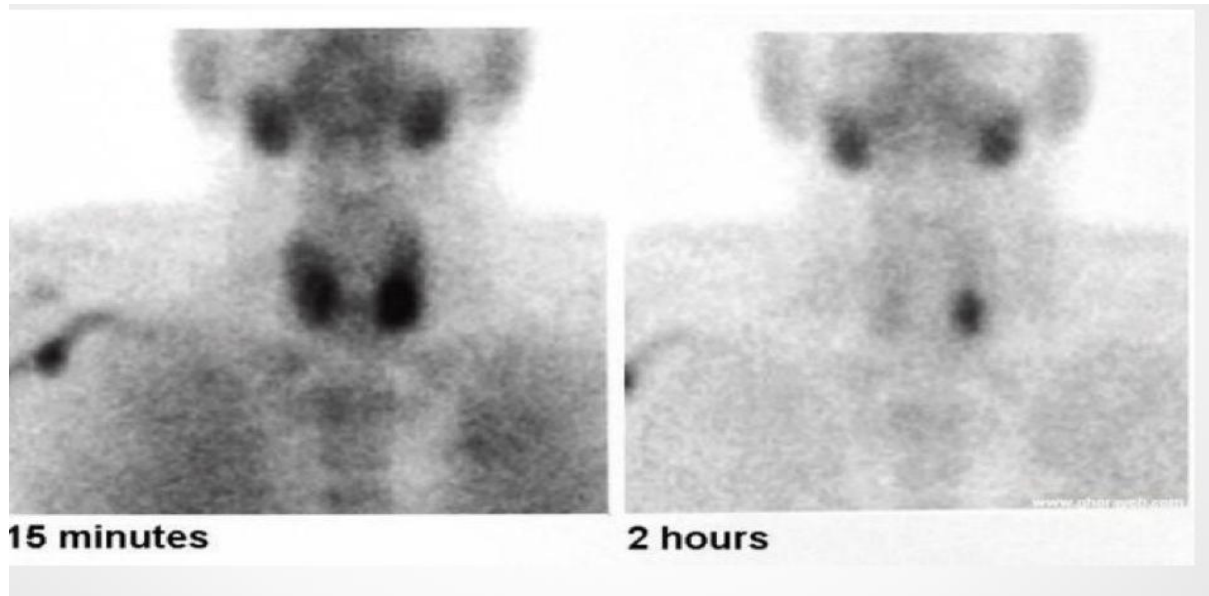
B. 1%



• QUESTION

SOUL 2021

Name the study and mention the most common cause of the condition?



• ANSWER

1. Sestamibi scan of Parathyroid

2. Adenoma



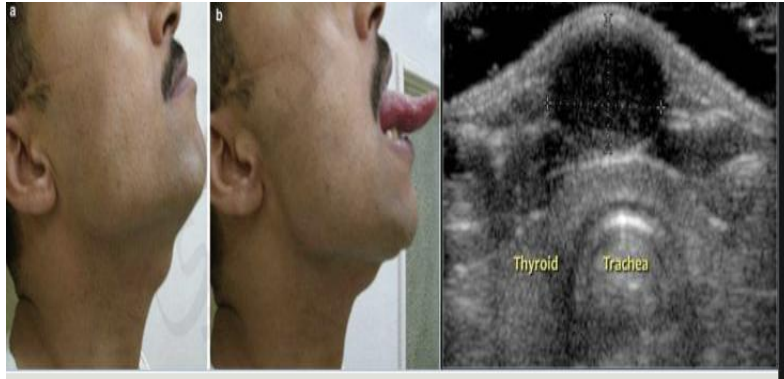
• QUESTION

SOUL 2021

1. Diagnosis?

2. What is the structure on U/S?

3. What is the management?



• ANSWER

1. Thyroglossal duct cyst

2. Hyoid bone

3. Sistrunk's procedure

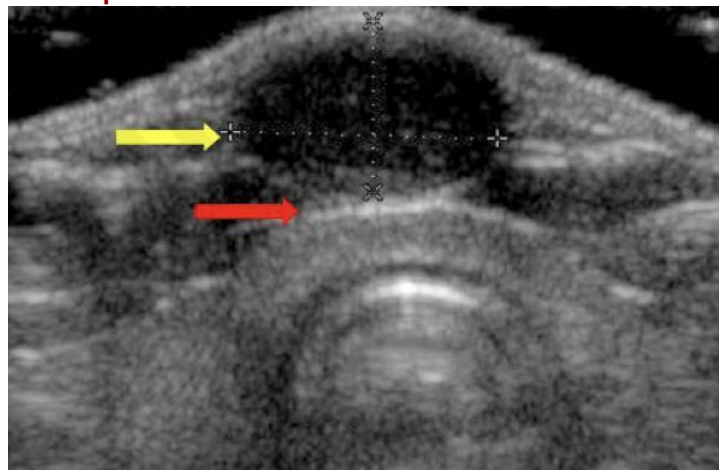


• QUESTION

IHSAN 2020

This patient underwent surgery for the pathology depicted by the yellow arrow. Histology reported a malignancy of non-thyroid origin.

1. What is the most likely malignancy?
2. What structure does the red arrow point to?



• ANSWER

1.Squamous cell carcinoma

2.Hyoid bone



• QUESTION

IHSAN 2020

A 60-years old female complains of pain in her bones. She presents with a palpable central neck lump below the cricoid cartilage that moves upward upon swallowing.

1. What does the lump mostly represent
2. What is the bone condition called



• ANSWER

1.Parathyroid carcinoma

2.Osteitis fibrosa cystica



• QUESTION

IHSAN 2020

- I. what is the Dx
- II. What is the definitive Mx?
- III. What is the risk of recurrence ?
4. What is the malignancy risk?
5. Name the malignancy that does not occur here?
6. Complications?



• ANSWER.

I. Thyroglossal duct cyst

II. Sistrunk procedure

III. Sistrunk procedure reduces the recurrence risk from

60% to < 10%

4.2%

5. Medullary Ca

6. Infection, malignant risk

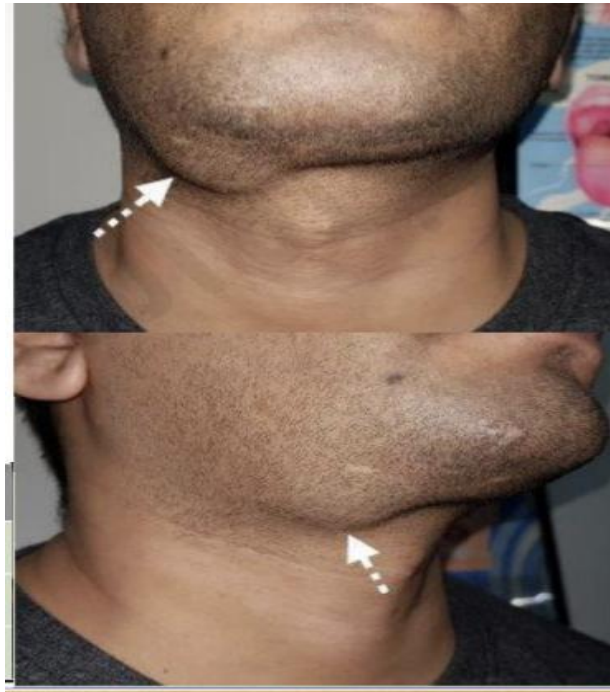


• QUESTION

IHSAN 2020

I: if a surgery was done what is the nerve at risk to be injured?

II: What is the risk of malignancy?



• ANSWER

I. Marginal Mandibular Nerve

II. -50%

| Salivary Gland | Malignancy Rate | Incidence of Tumor |
|--------------------|-----------------|--------------------|
| Parotid | 20% | 80% |
| Submandibular | 50% | 15% |
| Sublingual & Minor | 70% | 5% |



• QUESTION

IHSAN 2020

1: What are the signs?

2: What is the cation that influx and cause this sign?



• ANSWER

I. Chvostek and Trousseau signs

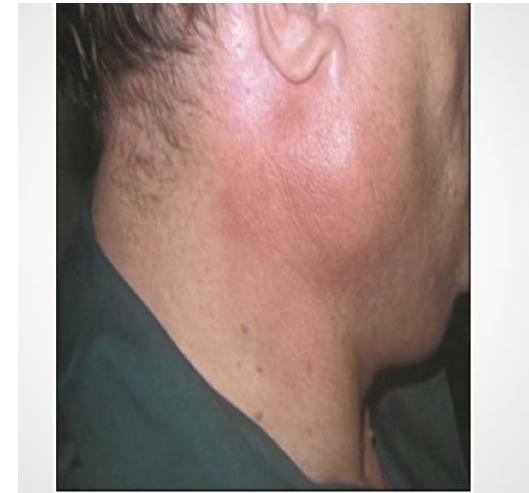
II. Na⁺ Sodium



• QUESTION

2019 – Before

1. What is the most likely diagnosis?
- 2• What is the most common subtype?
- 3• What is one sign that confirms your diagnosis?
- 4• How do we treat this ?patient
5. Histology?



• ANSWER

1. Parotid Pleomorphic Adenoma

2. myxoid(I am not sure)

3. Rubbery-hard, does not fluctuate and of limited mobility on physical examination

4. Superficial Parotidectomy ,some said total parotidectomy

5. Epithelial cells mixed with myxoid mucoid and chondrial element and surrounded by fibrous capsule and has projections (Histology of pleomorphic adenoma: Mixture of epithelial, chondroid and pseudopoid projections)



• QUESTION

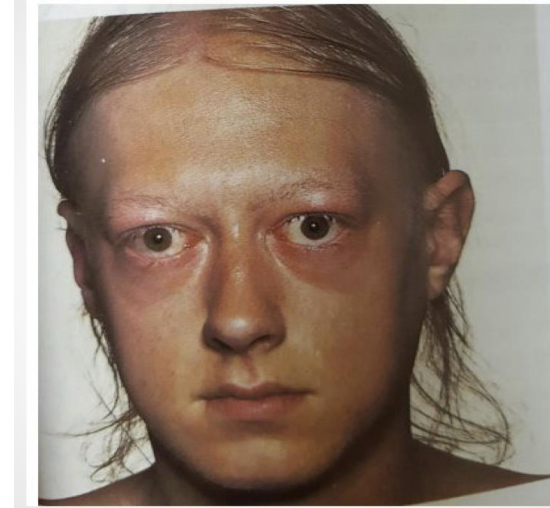
2019 – Before

1. What is the most likely diagnosis?

2• Mention 2 signs that you can see?

3• What is the first symptom patient will develop if she develops ophthalmoplegia?

4• What is a drug you can give this patient before getting into surgery?



• ANSWER

1. Graves disease

2.

1.exophthalmus 2.)Significant hair loss

3. Double vision or ptosis (not sure)

4.PTU



• QUESTION

2019 – Before

A 45-year-old euthyroid patient presented underwent fine needle aspiration for a palpable left-sided thyroid nodule. This was reported as a follicular neoplasm.

1. Which Bethesda category does this represent?

2. What is the implied risk of malignancy?

3. What is the recommended treatment



• ANSWER

1. Bethesda 4(not sure)
2. 15-30
3. depend on FNA result , follow up or radiation therapy or thyroidectomy (not sure)

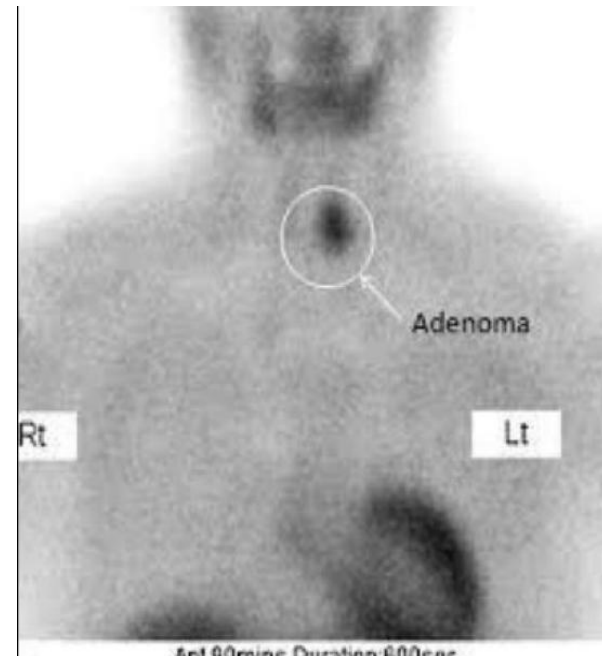


• QUESTION

2019 – Before

This 53-year-old female has a serum calcium level of 11.8 mg/dl and a PTH level of 209 pg/ml.

1. Name the imaging study used (localization) here:
2. What is the embryologic origin of the inferior parathyroid Gland
3. What is the likelihood that the patient's condition is due to single gland disease?



• ANSWER

1. Sestamibi scan

2. endoderm of the third and fourth pharyngeal pouches.

3. Not sure



. QUESTION

2019 – Before

1. Most affected organ?

2. Most common cause / most likely diagnosis?



• ANSWER

1. Parotid gland

2. Pleomorphic adenoma

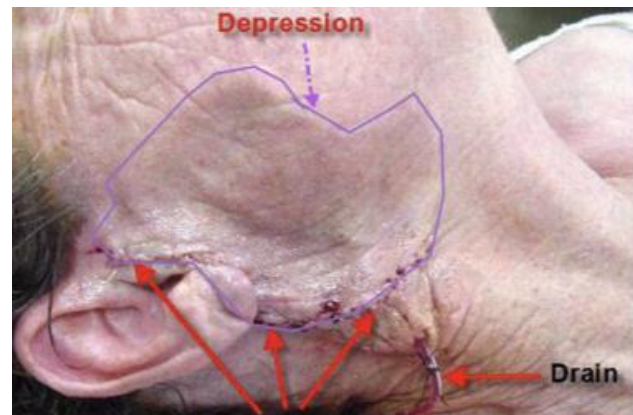


• QUESTION

2019 – Before

patient had a superficial parotidectomy:

1. What is the most likely indication?
2. What is the nerve in risk of being damaged?



• ANSWER

1.Parotid gland tumor (most likely pleomorphic adenoma)

2.Facial Nerve



• QUESTION

2019 – Before

1. What is the nerve affected?

2. What is the malignancy risk?

Marginal mandibular nerve

- Injury to this nerve causes an obvious cosmetic deformity with asymmetry of the motion of the corner of the mouth.



• ANSWER

1. Marginal mandibular nerve

2.50%



• QUESTION

2019 – Before

history that suggests a thyroid nodule:

1. diagnosis

2. How to approach a patient with this diagnosis?



• ANSWER

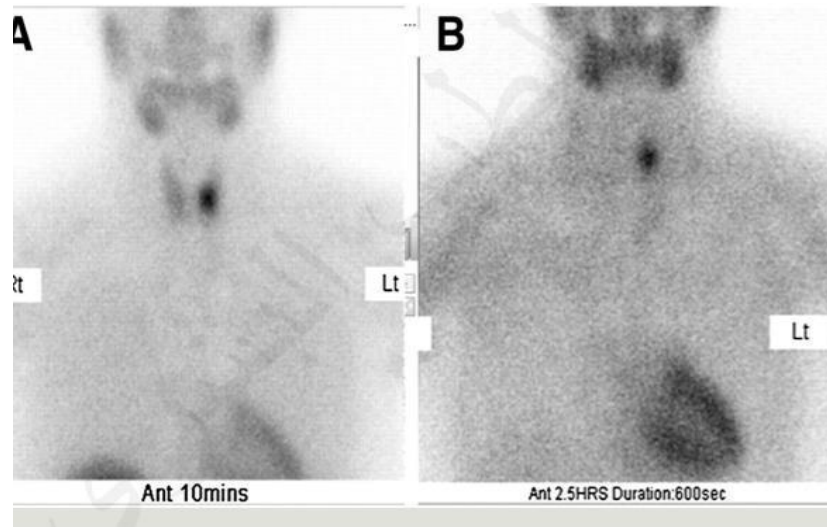
1. Multi nodular goiter
2. TFT (Thyroid function test), initially; if hyperthyroidism we will do a thyroid scan, if hypothyroidism we will do an US



• QUESTION

2019 – Before

1. What is the pathology you see?
2. Name the study?



• ANSWER

1. Hyperfunctioning parathyroid glands (adenoma)

2. Sestamibi scan

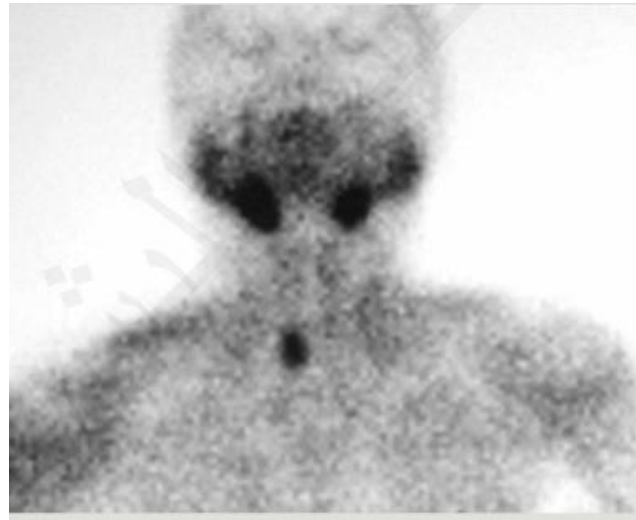


• QUESTION

2019 – Before

1. Risk of disease to be from single nodule?

2. What is your diagnosis?



• ANSWER

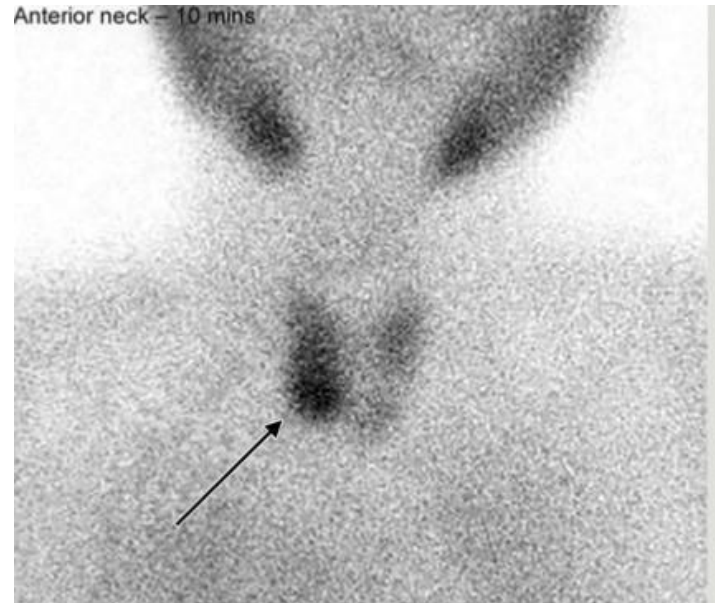
1. 85-90% Adenoma
2. Single parathyroid gland adenoma



• QUESTION

2019 – Before

1. What is the diagnosis?
2. The first symptom to develop if the patient had high PTH & Calcium?



• ANSWER

1 Parathyroid adenoma (1ry hyperparathyroidism)

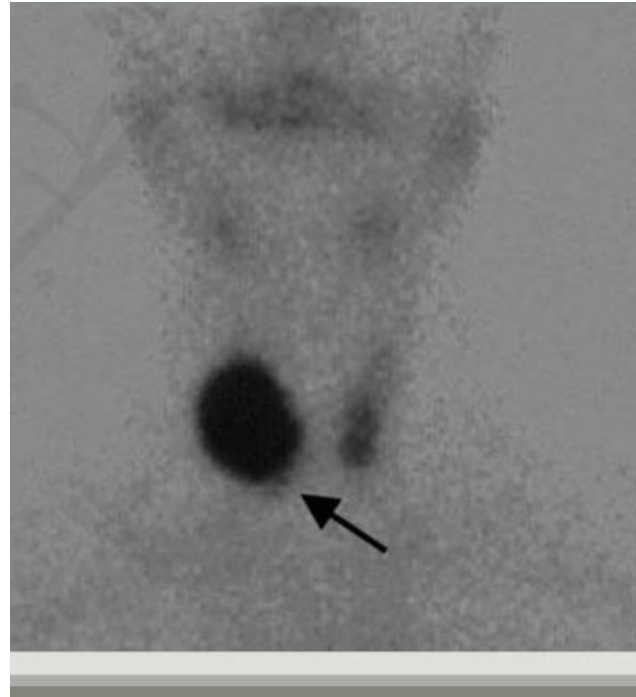
2. Bone pain



• QUESTION

2019 – Before

1. diagnosis
2. management
3. Risk of malignancy?



• ANSWER

1. Thyroid hot nodule

2. Surgery (Lobectomy)

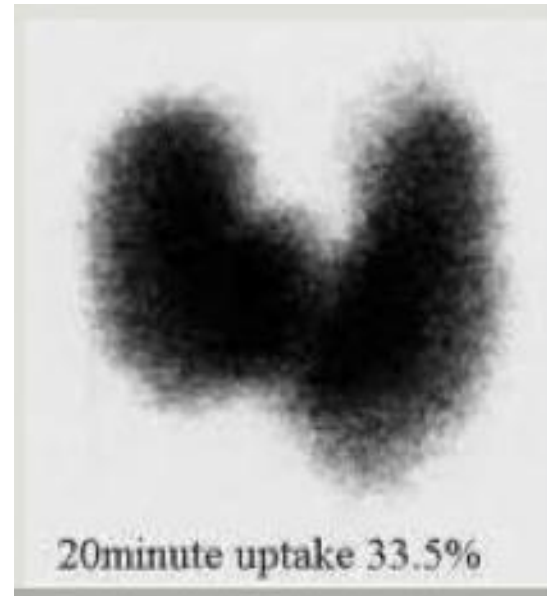
3. Low risk (<3-5%)



• QUESTION

2019 – Before

1. What is the diagnosis?
2. What is the serological marker?
3. Mention 3 lines of management.



• ANSWER

1.Graves Disease

2.TSI thyroid stimulating immunoglobulin

3.1)Antithyroid drugs (carbimazole) + β -blockers

2) Radio-iodine

3) Surgery ** All 3 are considered 1st line Mx



. QUESTION

2019 – Before

A 50-year-old female patient present with hypothermia:

1. What is the endocrine disorder?

2. Mention 3 signs on face?



• ANSWER

1.Hypothyroidism

2.

1) Puffy face

2) Periorbital edema

3) Coarse hair



• QUESTION

2019 – Before

1. Name the diagnosis.
2. Mention 2 signs.
3. What is the treatment used for surgery preparation?



• ANSWER

1.Gravis disease

2.Exophthalmos, lid retraction

3.Propyl thiouracil, propranolol



• QUESTION

2019 – Before

1. What type of thyroid cancer do you expect to see in this patient?
2. What's the marker?



• ANSWER

1. Medullary

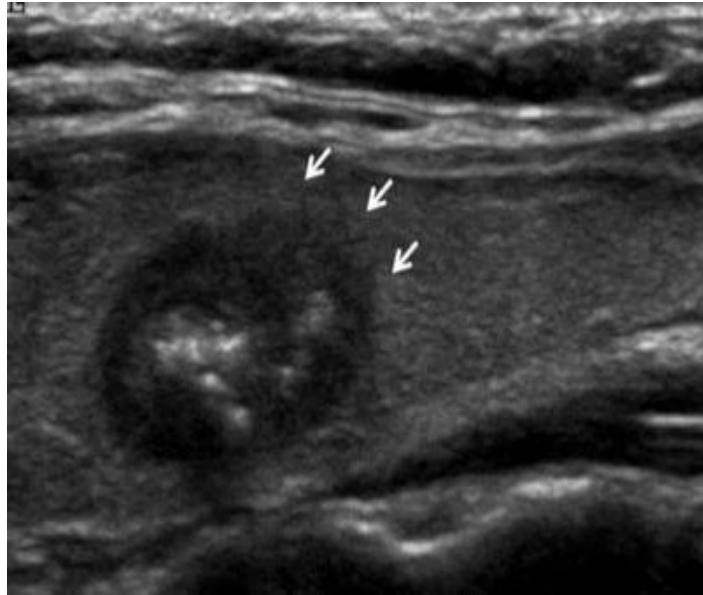
2. Calcitonin



• QUESTION

2019 – Before

1. What type of thyroid cancer do you expect to see in this patient?
2. Before surgery, what type must you exclude?



• ANSWER

1. Medullary cancer

2. MEN 2 (Pheochromocytoma)

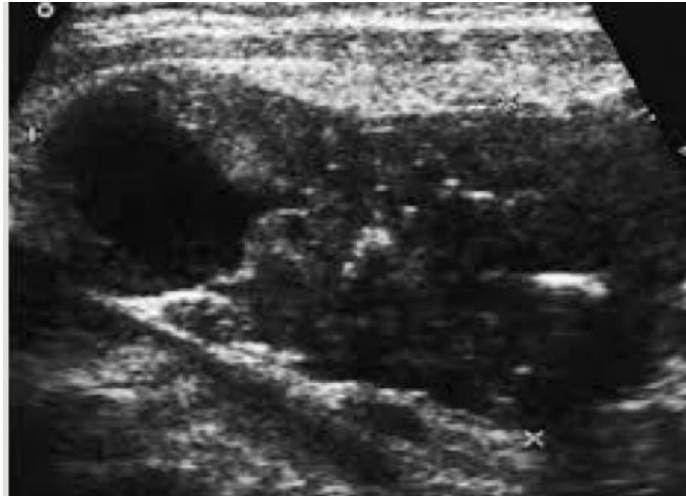


• QUESTION

2019 – Before

History of palpable neck mass, recurrent renal stone, high level of calcium and parathyroid hormone.

1. Name the diagnosis.
2. What is the minimal management to be done?



• ANSWER

1. Parathyroid carcinoma

2. Parathyroidectomy or en-bloc resection of the parathyroid mass and any adjacent tissues that have been invaded by tumor. (from UpToDate)

Note: En-bloc resection could include the ipsilateral thyroid lobe, paratracheal alveolar and lymphatic tissue, the thymus or some of the neck muscles, and in some instances, the recurrent laryngeal nerve.**



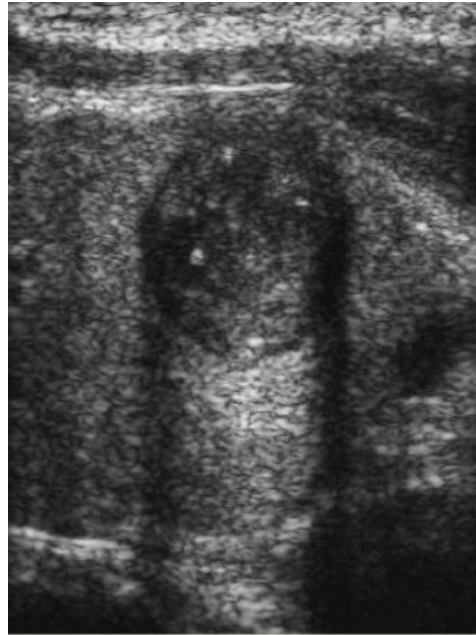
• QUESTION

2019 – Before

History of thyroid nodule, US shows micro-calcifications, investigation of blood vessels and reactive LN:

1. Bethesda Grade?

2. What is your Mx?



• ANSWER

1. Bethesda 5

2.Total Thyroidectomy



• NOTE

Features like micro-calcifications, vascularization and reactive LNs are highly suspicious for malignancy, and warrant a fine needle aspiration to confirm the malignancy and determine the type.

Bethesda grade 5 is “highly suspicious for malignancy”, which is the case here.

Bethesda grade 6 is “confirmed malignancy”, which cannot be confirmed without histological proof (you can't have grade 6 without FNA).

The management is the same for grade 5 and 6. However, grade 6 needs cytology (عشان تقدر تحلف عليها) grade 5 لازم يكون عندك fna عشان تقدر تحكي إنها malignant بنسبة 100% وتحكي grade 6, غير هيك بتضلها suspicious اللي هي grade 5



• NOTE

FNAC (Breast)

C1: Unsatisfactory

C2: Benign

C3: Atypical cells

C4: Suspicious cells

C5: Malignant



• NOTE

| Bethesda diagnostic category | | VERY COMMON QUESTION! | Risk of malignancy | Usual management |
|------------------------------|--|---|--------------------|--|
| I | Nondiagnostic or unsatisfactory | Cyst fluid only Virtually acellular specimen Other (obscuring blood, clotting artifact, etc.) | 1% to 4% | Repeat FNA with ultrasound guidance |
| II | Benign | Consistent with a benign follicular nodule (includes adenomatoid nodule, colloid nodule, etc.) Consistent with lymphocytic (Hashimoto) thyroiditis in the proper clinical context Consistent with granulomatous (subacute) thyroiditis Other | 0% to 3% | Clinical follow-up |
| III | Atypia of undetermined significance or follicular lesion of undetermined significance | | 5% to 15% | Repeat FNA |
| IV | Follicular neoplasm or suspicious for a follicular neoplasm | Specify if Hurthle cell (oncocytic) type | 15% to 30% | Surgical lobectomy |
| V | Suspicious for malignancy | Suspicious for papillary carcinoma Suspicious for medullary carcinoma Suspicious for metastatic carcinoma Suspicious for lymphoma Other | 60% to 75% | Near-total thyroidectomy or surgical lobectomy |
| VI | Malignant | Papillary thyroid carcinoma Poorly differentiated carcinoma Medullary thyroid carcinoma Undifferentiated (anaplastic) carcinoma Squamous cell carcinoma Carcinoma with mixed features (specify) Metastatic carcinoma Non-Hodgkin lymphoma Other | 97% to 99% | Near-total thyroidectomy |



• QUESTION

2019 – Before

1. What is the diagnosis?
2. causes?



• ANSWER

1. Cushing Syndrome

1. (iatrogenic cortisol administration) - Pituitary Adenoma

Note** Not to be confused with Cushing triad of increased ICP, which is: 1) Irregular, decreased respirations 2) Bradycardia 3) Systolic hypertension



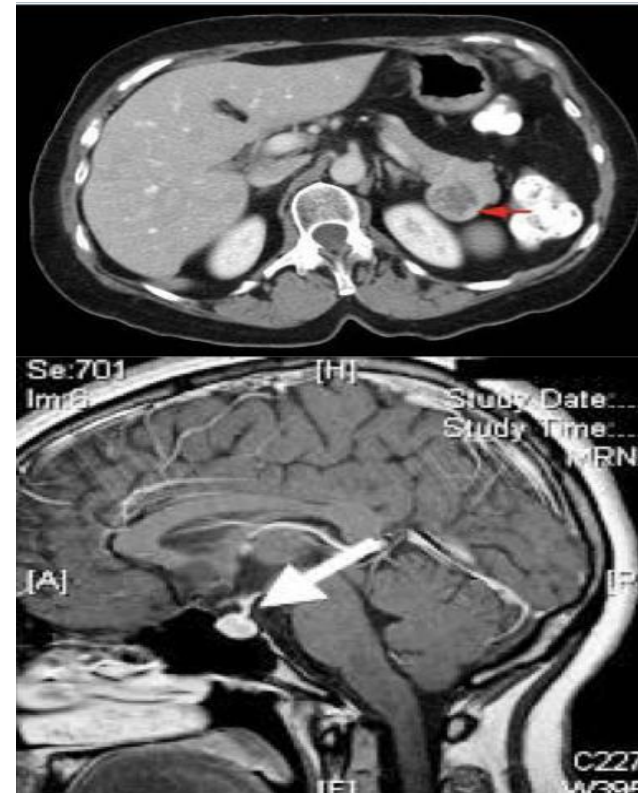
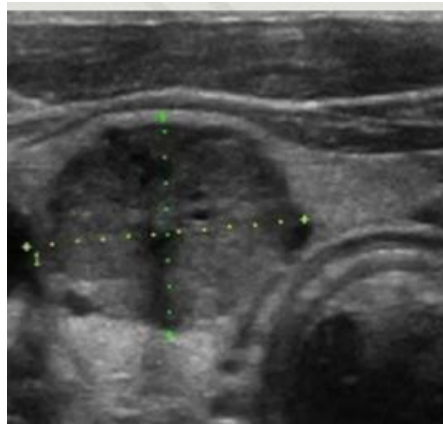
QUESTION

2019 – Before

1. White arrow?

2. Syndrome name?

3. The most important thing surgically to do for this patient?



• ANSWER

1. Pituitary Adenoma

2. MEN

3. Pancreatic tumor "not sure"





SKIN

• QUESTION

Wateen 2023

Name the finding



• ANSWER

Keratoacanthoma



• QUESTION

Harmony 2022

29. How would you expect this wound to heal?

- a. Delayed primary intention
- b. Primary intention
- c. Secondary intention
- d. Will form keloid scar
- e. Tertiary intention

Answer: B



• QUESTION

Harmony 2022

32. All of these conditions are at risk of malignant transformation except

a. 4

b. 2

c. 1

d. 3

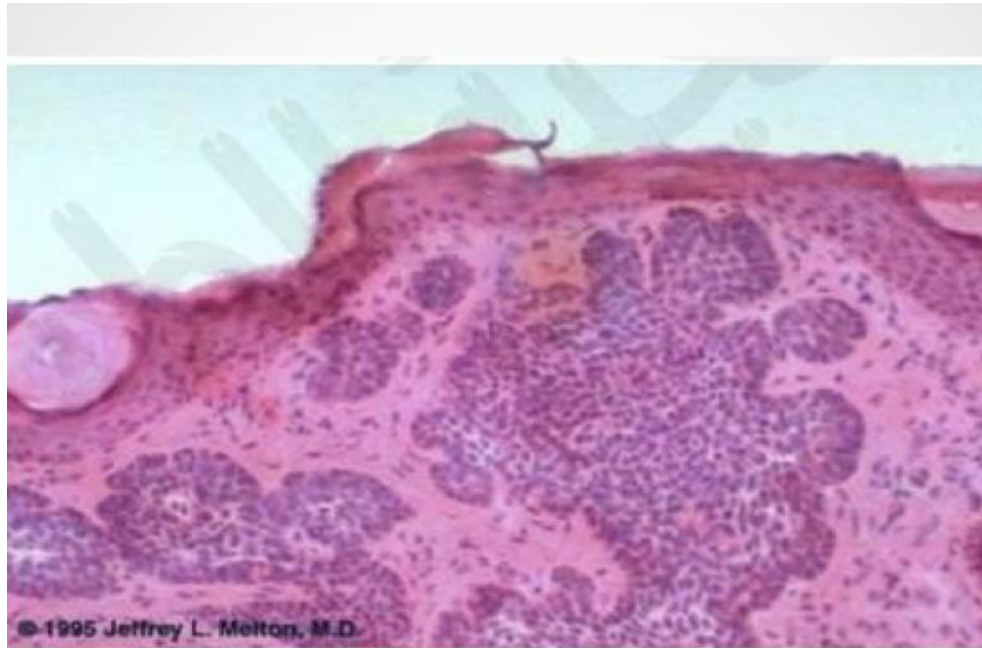
Answer: A



• QUESTION

Harmony 2022

What is the type of cancer seen in this histology (biopsy taken from the nose tip):



• ANSWER

BCCa



QUESTION

SOUL 2021

1. Dx of picture (1)?
2. Dx of picture (2)?
3. Dx of picture (3)?
4. Dx of picture (4)?
5. Which doesn't have pre-malignant potency?
6. Picture 2 can convert to?
7. Most common pre-malignant condition?



ANSWER

1. Keratoacanthoma
2. Actinic Keratosis
3. Seborrheic Keratosis
4. Necrobiosis Lipodica
5. Picture 3 or picture 4 not sure
6. SCC
7. picture 2=Actinic Keratosis



• QUESTION

SOUL 2021

Give the diagnosis of the pictures(Similar pictures to those in the exam)

A)



ANSWER

A . Hypertrophic scar

B . Keloid scar



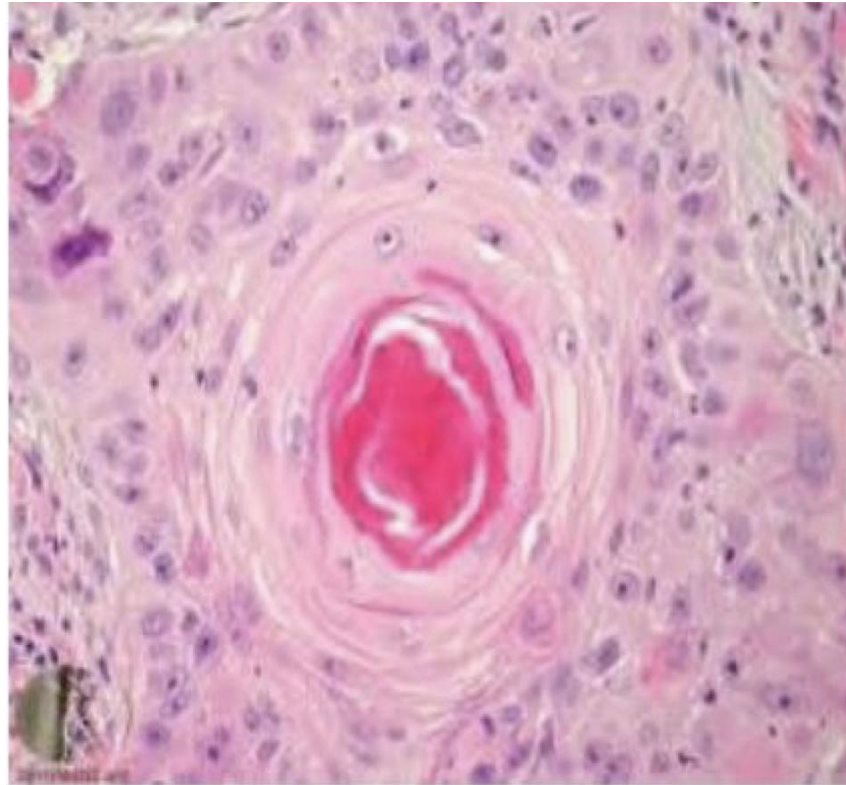
• QUESTION

SOUL 2021

name the:

1. Sign?

2. Diagnosis ?



• ANSWER

1. Onion cluster cells

2. SCC



• QUESTION

SOUL 2021

1. Diagnosis
2. What is the Most accurate prognostic factor?
3. Increased melanin production with normal number of cells is known to cause?
4. Mention 2 staging systems?



• ANSWER

1. Melanoma
2. The Depth
3. Freckles
4. 1) Clark's level 2) Breslow's thickness



• QUESTION

2019 – Before

Two patients came to the ER complaining of neck swelling:

1. What is the pathology?

2. Most common organism?

3. Management?



• ANSWER

1. carbuncle

2. Staphylococcus Aureas

3. drainage and give antibiotics



QUESTION

2019 – Before

1. What is the likely diagnosis
2. What is the most common cause
3. What are 2 ways of treating for this? patient
4. What is the safety margin?
5. write an alternative Mx?
6. Name 2 complications?
7. Potential METS rat?



• ANSWER

1. Basal Cell Carcinoma (BCC)
2. long exposures to sunlight
3. a) nonsurgical: (topical immunotherapy, intralesional interferon INJ, photodynamic)
B) Surgical (Excisional or destructive): - Destructive: cautery, curettage, cryotherapy, CO laser ablation - Excisional: Moh's micrographic surgery (MMS), Wide local excision
4. (4-10)mm
5. Moh's micrographic surgery (MMS)
6. METS, Ulceration
7. 0.0028-0.55 (from google)



• QUESTION

2019 – Before

Q1: What is this? -

Q2: What is the risk of wound infection after removal (% of wound Infection)?)



• ANSWER

1.Lipoma

2.1-3(clean wound)



• QUESTION

2019 – Before

Give 2 differentials of this scalp lump?



• ANSWER

- 1) Sebaceous cyst
- 2) Epidermoid cyst



• QUESTION

2019 – Before

1. Describe what you see?

2. diagnosis

3. Mention type of inheritance?



• ANSWER

- 1) Café au lait macules (irregularly shaped, evenly pigmented, brown macules)
2) Neurofibromas
2. Neurofibromatosis
3. Autosomal Dominant



• QUESTION

2019 – Before

1. Name the diagnosis.
- 2.: Name 2 risk factors?
3. Name two characteristics?



• ANSWER

1.Keloid

2.1)Dark skin 2) Family histor

3.1)Extend beyond borders of original wound

2) More common in darker skin

3) Require years to develop

4) thick collagen



• QUESTION

2019 – Before

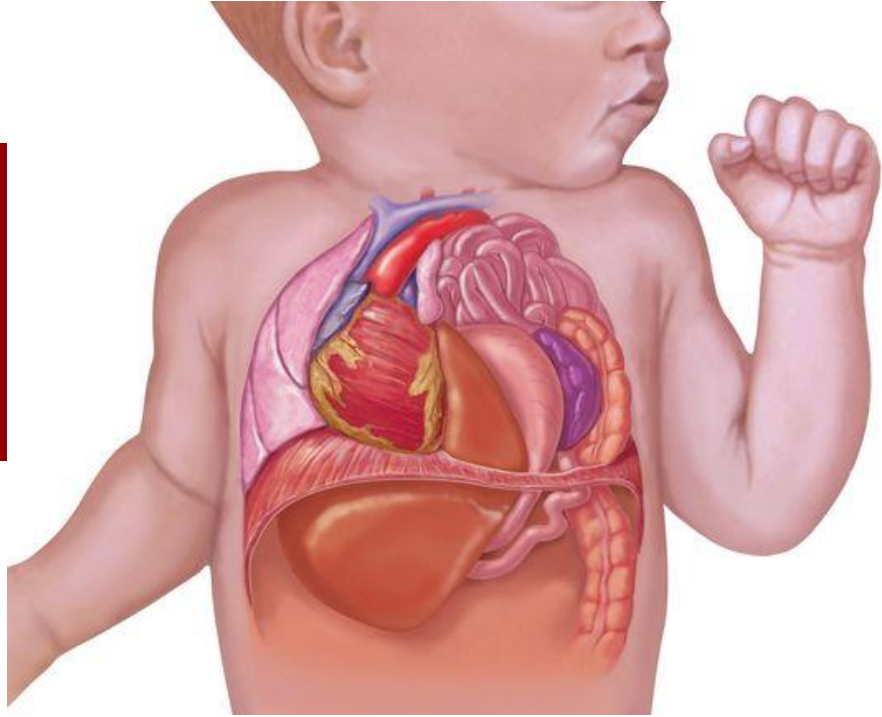
Serious complication that you fear from?



• ANSWER

Transformation into SCC





PEDIATRIC



• QUESTION

Wateen 2023

A 1 month old male baby presented with projectile vomiting . With no previous medical or surgical history

. A. What is the diagnostic modality of choice?

B. What is the initial management of uncomplicated cases ?

(No picture founded)



• ANSWER

A. Ultrasound

B. Fluid and electrolytes and PH correction - pylorotomy



• QUESTION

Wateen 2023

Regarding pediatric hernias and hydroceles;

A. Name one way of differentiating them other than trans illumination test:

B. Name the common congenital anomaly in both.

(No picture found)



• ANSWER

A. Fingers can fit at the neck of mass

B. Epispadias



• QUESTION

Wateen 2023

A) name this disorder :

B) what anomalies can be seen in this pt .



• ANSWER

A) Prune belly syndrome

B)

1) Undescended testes

2) Urinary tract abnormality such as unusually large ureters, distended bladder, Vesicoureteral reflux, frequent UTI's

3) VSD

4) Malrotation of the gut

5) club foot



• QUESTION

Harmony 2022

10. What is your diagnosis?

- a. Bochdalek Hernia
- b. Severe intestinal obstruction
- c. Small Bowel perforation
- d. Morgagni Hernia

Answer: A



• QUESTION

Harmony 2022

28. The blue arrow points to

- a. Ectopic testes
- b. Polyorchidism
- c. Inguinal hernia
- D. Femoral hernia

Answer: A



• QUESTION

SOUL 2021

1. What is the Dx?
2. Name the procedure?
3. The prognosis depends on?
4. The indication of this procedure is?



• ANSWER

1. Gastroschisis
2. Silo
3. Bowel status
4. To prevent dehydration, hypothermia, contamination



• QUESTION

SOUL 2021

1 year old male, presents with inconsolable crying:

- A) Name the radiological study:
- B) Name the sign:
- C) What is the first line management:



ANSWER

A) Ultrasound

B) Donut / target sign

C) Resuscitate then barium enema , hydrostatic reduction.

Note: diagnosis is (intussusception)



• QUESTION

SOUL 2021

A) What is the pathology:

B) The treatment used :



• ANSWER

A. Gastroschisis

B. Silo pouch



• QUESTION

SOUL 2021

1 month old presented to the ER, with an acute onset of , vomiting

A) Mention 2 questions that would help you diagnose :

B) Name a study that can help you reach the diagnosis:

(No picture)



• ANSWER

A. Bilious or not , projectile or not, change in weight
diarrheal , constipation

B. U/S ,upper/ lower GI contrast



• QUESTION

IHSAN 2020

A 6-month old with chronic constipation since Birth

1. Name the radiology study in the image
2. Name the most likely surgical condition
3. What does the arrow indicate?
4. What Is the diagnostic tes?



• ANSWER

1. Barium enema

2. Hirschsprung Disease

3. Transition zone

4. Biopsy



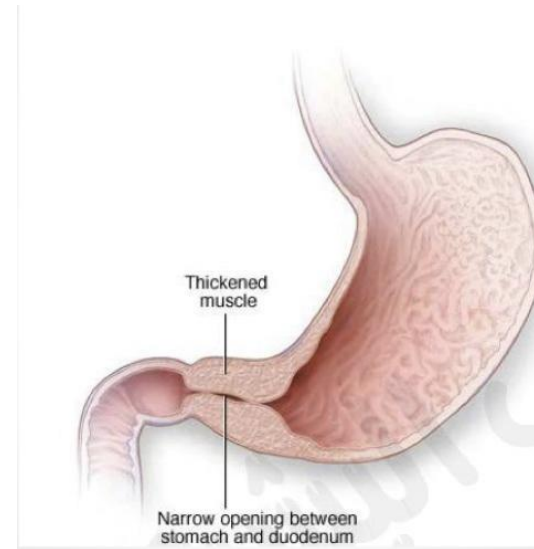
• QUESTION

IHSAN 2020

1-month old with recurrent vomiting. Name the :

1 metabolic and electrolyte derangement associated with this condition

2. Name it's effect on ventilation



• ANSWER

1. Hypochloremic Hypokalemic Metabolic Alkalosis

2. Hypoventilation



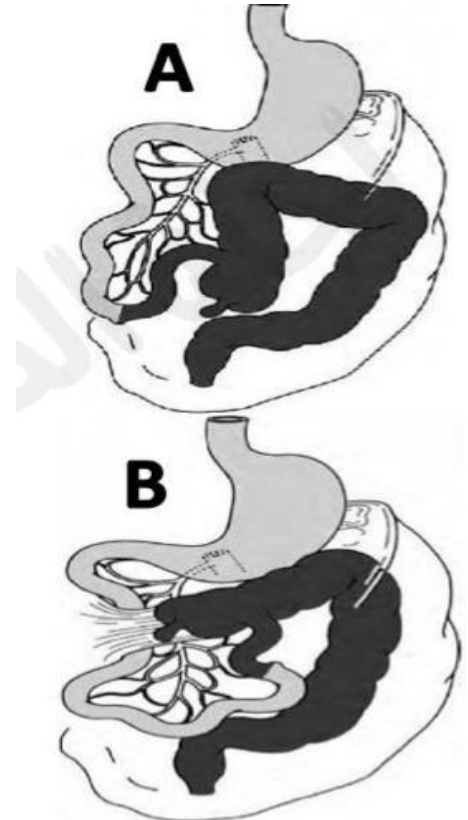
• QUESTION

IHSAN 2020

Malrotation:

I. What's A and B?

II. Which one is the most commonly associated with volvulus



• ANSWER

1. A >: Non-Rotation B >: Incomplete Rotation

2. B



• QUESTION

2019 – Before

Name 4 differential diagnoses for this condition .



• ANSWER

- A. inguinal hernia
- B. hydrocele
- C. testicular tumor
- D. testicular torsion
- E. Idiopathic scrotal edema



QUESTION

2019 – Before

1. What is the pathology?
2. Give two benign differential diagnosis?
3. what is the name of peritoneal part that remains patent?



• ANSWER

- 1.Right scrotal swelling
- 2.Inguinal hernia, hydrocele
- 3.Patent processus vaginalis

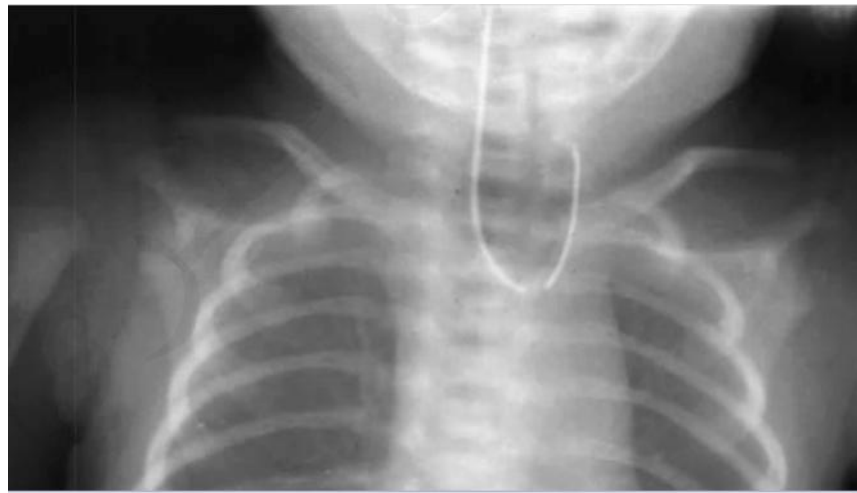


• QUESTION

2019 – Before

Newborn x-ray, cyanosis and distressed:

1. What is your Dx?
2. Characteristic sign?



• ANSWER

1. Tracheoesophageal fistula (because of the cyanosis)
2. Failure to pass the nasogastric tube



QUESTION

2019 – Before

1. diagnosis in A,B?

2. Which of these are more associated with congenital anomalies?



• ANSWER

1.A.Omphalocele

B > Gastroschisis

2.Omphalocele



• QUESTION

2019 – Before

What is the diagnosis according to:

A. Preterm baby

B. Full-term baby



• ANSWER

A. Necrotizing enterocolitis (NEC)

B. Hirschsprung disease





THORACIC



• QUESTION

Wateen 2023

A 24-year-old thin male presented to the emergency department complaining of acute left sided pleuritic pain of sudden onset and shortness of breath;

A. What is the initial step in management of this patient?

B. What is the most common cause for this presentation?



• ANSWER

A. Left side chest tube

B. Spontaneous pneumothorax :smoker -thin male

Or injury to the lung

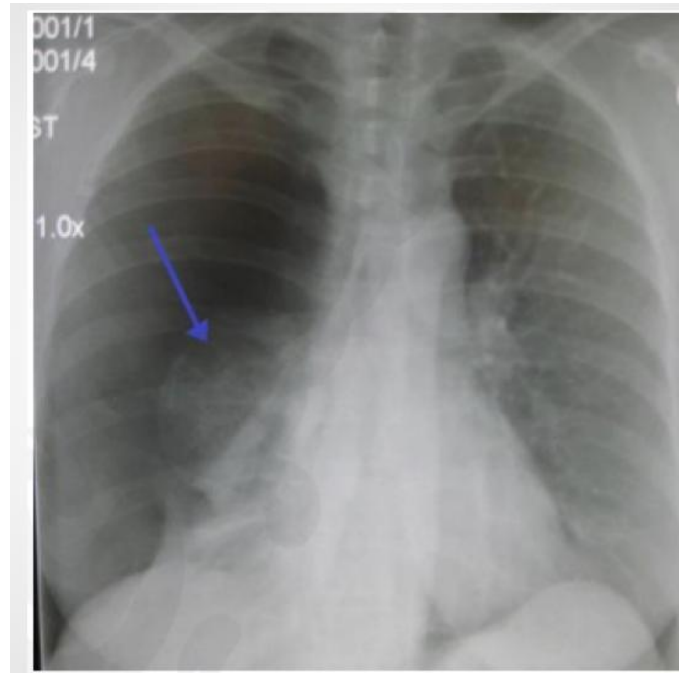


• QUESTION

Wateen 2023

This is a chest X-ray who is a victim of Road traffic accident in the ER with tachypnea and tachycardia. During chest examination, What are expected clinically findings during:

- A. Percussion?
- B. Auscultation?



• ANSWER

A. Right side chest resonance

B. Right side absent breathing sound



QUESTION

SOUL 2021

A scuba diver came to ER, his CXR shows the following:

1. What is the immediate MX?



ANSWER :

1 .Needle thoracostomy



• QUESTION

SOUL 2021

Case of hemothorax:

A. Mention 2 other findings ?

B. What are the indication of needle thoracotomy after chest tube insertion?



• ANSWER

A.

1. Absence of diaphragmatic angle
2. Right side multiple rib fractures
3. Right side clavicle fractures

B.

1. Initial loss < 1.5 L of blood
2. Continuous blood loss of 200 ml per hour over 2-4 hour



• QUESTION

IHSAN 2020

This is a chest X-Ray for a 35-years old female with a history of breast cancer 3 years ago, who presented to the clinic with progressive shortness of breath and cough

- 1.The most likely underlying cause for her symptoms is
2. The most appropriate symptomatic treatment for this patient is



• ANSWER

1.Malignant Pleural Effusion

2.Tube thoracostomy (Chest tube)



• QUESTION

2019 – Before

CXR for 40 yrs. Old patient post blunt central chest trauma, he was hypotensive, his neck veins were distended

1. What is the pathology shown?
2. How should you manage it
3. What is the consequence for this pathology?



• ANSWER

1. Cardiac Tamponade

2. Pericardiocentesis

3. Beck's Triad

Hypotension, Jugular Venous Distension, Muffled Heart Sounds



• QUESTION

2019 – Before

After RTA, the patient present with distended neck veins.

Q1: Mention 2 possible causes?

Q2: What is your management?

-



• ANSWER

1.

1)) Pericardial effusion

2) Cardiac tamponade

2. Pericardiocentesis



• QUESTION

2019 – Before

1. What is the diagnosis?
2. What is the next step in the management?



• ANSWER

1..Right sided hemothorax, or - Pleural effusion

2.Chest tube insertion ,thoracocentesis



. QUESTION

2019 – Before

. history of a motor vehicle accident:

1.What is the Dx?

2.What is the Mx?



• ANSWER

1. Left sided hemothorax

1. Chest tube insertion



• QUESTION

2019 – Before

A scuba diver came to ER, his CXR showed the following:

- 1.what is the immediate MX?
- 2.what is the procedure you want to do next?



• ANSWER

1. Needle thoracostomy

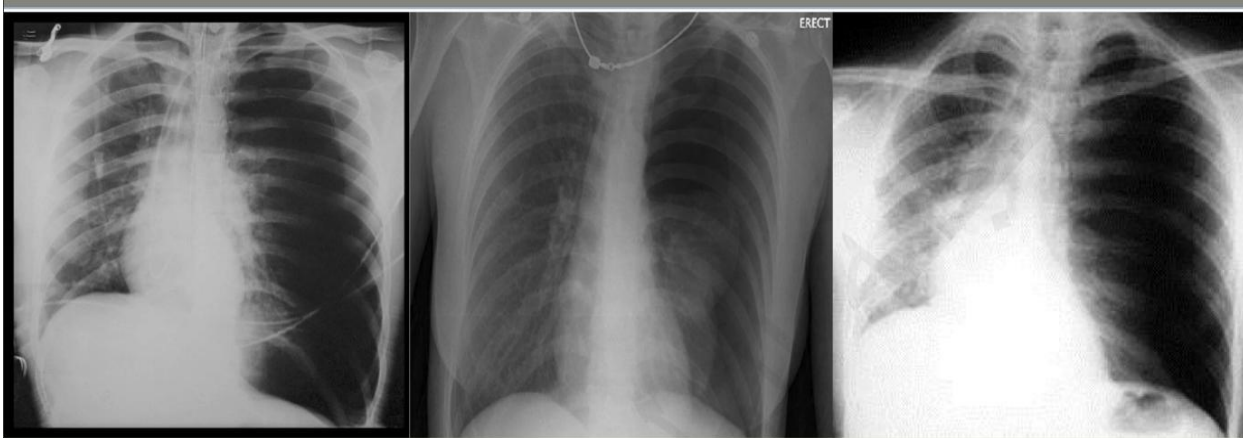
2. Pleurodesis



• QUESTION

2019 – Before

1. What is the Dx?
2. Mention 2 signs on CXR?
3. Mention 2 signs on PE?
4. What is the Mx?



• ANSWER

1.=Right sided tension pneumothorax

2. 1) Tracheal deviation 2) Left lung compressed or collapsed

3.1) Absent breath sounds in affected side 2) Jugular venous distention

4.- Needle decompression - Chest tube



• QUESTION

2019 – Before

A patient after a motor vehicle accident?

1. Diagnoses
2. rapid initial Mx?
3. definitive Mx?



• ANSWER

1. right sided pneumothorax and left sided hemothorax (obliterated costophrenic angle)

2. Needle decompression

3. Chest tube



• QUESTION

2019 – Before

1. What is the Dx?

2. What is the Mx?



• ANSWER

1. Pneumothorax

2. Chest tube/needle





VASCULAR

• QUESTION

Wateen 2023

5 days after hip surgery patient complained of right leg pain ,with the picture attached.

- 1.What is the best imaging test to confirm your suspicion ?
- 2.What is your initial management ?
- 3.Mention 4 differentials?
- 4.What are the complications:



• ANSWER

1. Venography - DOPPLER ULTRA sound

2. LMWH

3.

1) DVT 2) Cellulitis 3) Lymphadenopathy, lymphatic obstruction 4) Chronic Deep Vein Insufficiency 5) Rupture of baker's cyst

4.

1) Pulmonary embolism 2) Ulcers 3) Ischemia

Note diagnosis is DVT



• QUESTION

Wateen 2023

70 year old male with atrial fibrillation presented with acute right leg pain and numbness.

1. What's your diagnosis?



• ANSWER

DVT (not sure)



• QUESTION

Wateen 2023

Patient with history of fever and pain;

A- What is the diagnosis?

B- What are the most likely organisms to cause that?



• ANSWER

A. Cellulitis

B. Staphylococcus and streptococcus bacteria



• QUESTION

Wateen 2023

Patient had surgery 5 days ago and came with leg pain

a) The diagnosis:

b) Treatment



• ANSWER

a) DVT

b) LMWH /warfarin



• QUESTION

Wateen 2023

case for patient who had fever ;

a) Diagnosis

b) Most common causative organism



• ANSWER

A) Cellulitis

B) Staphylococcus and streptococcus bacteria



• QUESTION

Wateen 2023

Name the syndrome



• ANSWER

Steal syndrome



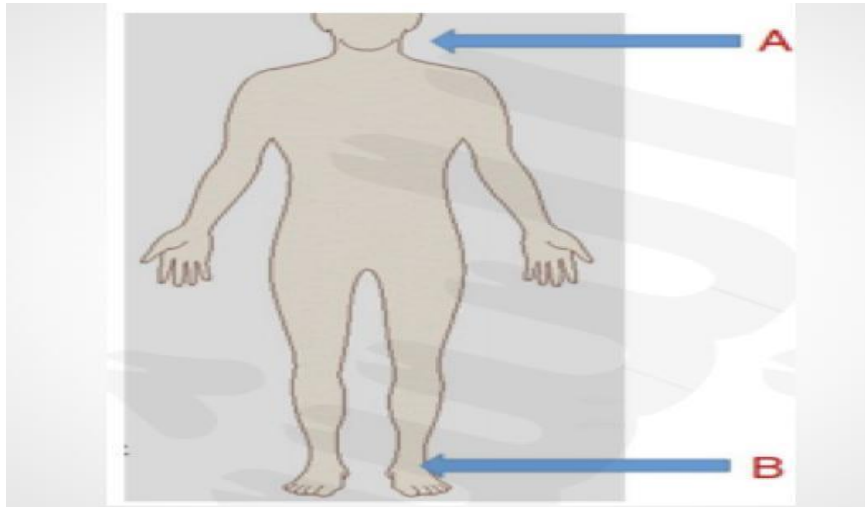
• QUESTION

Wateen 2023

How to quickly estimate blood pressure by pulse:

A) If you palpate a pulse at 'A', the number above which the systolic blood pressure will be is?

B) If you palpate a pulse at 'B', the number above which the systolic blood pressure will be is?



• ANSWER

A. 60 MMHG

B. 90 MMHG



• QUESTION

Wateen 2023

- a) Name the diagnosis
- b) What is the cause



• ANSWER

a) Venous ulcer

b) Venous valve insufficiency



• QUESTION

Harmony 2022

24. 50 year old lady, presented to clinic with generalized leg swelling that start from foot up to thigh level, what is your provisional diagnosis

- a. Femoral vein DVT
- b. Lymphedema
- c. Swelling is due to systemic disease
- d. Maldistribution of fat (Lipedema)
- e. Necrotizing fasciitis

Answer: B



• QUESTION

Harmony 2022

35. What is your spot diagnosis?

- a. Vessel arteritis
- b. Ectatic Vessel
- c. Mycotic Aneurysms
- d. Pseudoaneurysm
- e. True Aneurysm

Answer: D



• QUESTION

Harmony 2022

A. What is the diagnosis?

B. what is the cause?



• ANSWER

A. Pressure ulcer

B. Uncontrolled DM and pressure



• QUESTION

Harmony 2022

- A. How do you determine the level of defect in varicose veins?
- B. give 2 surgical procedure to treat varicose veins?



• ANSWER

A. Truncate test

B. sclerotherapy + laser ablation



• QUESTION

Harmony 2022

A. What is the following complication ,mention others?



• ANSWER

pseudoaneurysm

Other complication : thrombosis + steal syndrome + CHF



• QUESTION

SOUL 2021

55year old male, smoker, with hx of lower limb ischemia, complains of right lower limb rest pain and numbness :

1.Mention 5 signs present or absent to be looked at during inspection of lower limb for diagnosis:

(No picture)



ANSWER:

1. Discoloration
2. pallor
3. muscle wasting
4. ulcer
5. Abnormal hair distribution
6. nail brittle
7. amputation



• QUESTION

SOUL 2021

A case of a 10 years old girl with unilateral swelling give the Dx :



ANSWER

Lymphedema



• QUESTION

SOUL 2021

1. What is the Diagnosis?
2. What's the cause of this?



ANSWER

1. Pseudoaneurysm
2. complication of AV shunt



• QUESTION

SOUL 2021

A) Name the condition:

B) What is the diagnostic method



• ANSWER

A. Varicose veins

B. Venous duplex ultrasound

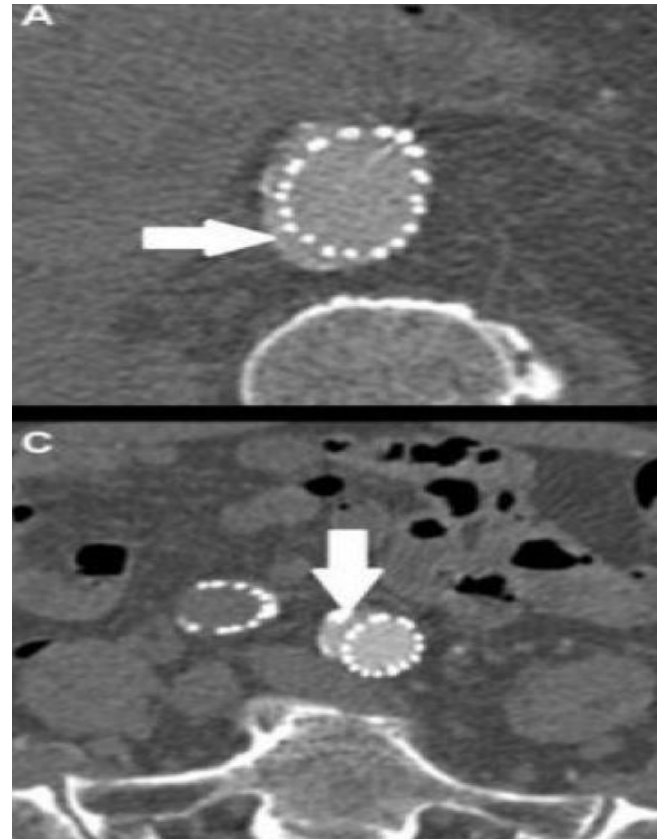


• QUESTION

SOUL 2021

A) What is the structure:

B) Name the procedure this patient had in the past in the past



• ANSWER

A. Abdominal aorta

B. Endovascular repair/stent



• QUESTION

SOUL 2021

Venous ulcer developed after 5 days of Surgery:

1. Diagnosis?
2. Can Transform to ?
3. What is the pathophysiology?
4. if this happened after 5 days of surgery what is the main cause you may think of?
5. Name 2 causes?
6. What is the sign?



• ANSWER

1. Venous Ulcer
2. SCC
3. Blood stasis and increased Pressure inside the veins due to venous valves insufficiency
4. DVT
5. venous insufficiency and stasis (as DVT, varicose veins)
6. Lipodermatoseclerosis



• QUESTION

IHSAN 2020

I. What is your spot diagnosis?

II. What is your management?

(CT Angiogram Of Renal Artery Stenosis)



• ANSWER

.1. Renal artery stenosis

II. Renal angioplasty & stenting



• QUESTION

IHSAN 2020

1. Name the condition that this patient has :
2. What is the best imaging test for this patient ?



• ANSWER

1. Varicose Veins

2. Doppler Ultrasound or Venogram



• QUESTION

IHSAN 2020

1. What is the most probable cause for this patient's condition?
2. What is the best imaging test to put a treatment plan?



• ANSWER

1. Lower Limb Ischemia

2. CT Angio, Angiogram, Doppler US...etc were all accepted by the Dr



• QUESTION

2019 – Before

1. What is the system involved in this system(name of the vessel)?
2. Name modalities of .treatment ?
3. What is the diagnosis?
4. Mention 2 complications?



• ANSWER

1. Long Saphenous vein

2.a) high ligation and vein stripping

b) sclerotherapy

3. Varicose veins

4.

1) Bleeding 2) ulcer 3) Thrombophlebitis 4) discomfort and pain



• QUESTION

2019 – Before

what minimal invasive vein procedure produced this result? Name two modalities



• ANSWER.

- 1) Sclerotherapy
- 2) Radiofrequency Ablation
- 3) Endovascular Laser Ablation



• QUESTION

2019 – Before

1. What would you call this ulcer?
2. Looking at the leg, What is the underlying disease?
3. What type of skin malignancy would this ulcer change to?



• ANSWER

1. Venous Ulcer .

2. Chronic Venous Insufficiency

3. Squamous Cell Carcinoma (SCC)



• QUESTION

2019 – Before

This is pelvic x-ray of a patient post RTA:

Q1: What is the pathology?

Q2: What is the most serious complication? -



• ANSWER

1. Pelvic fracture

2. Bleeding (Femoral artery)



• QUESTION

2019 – Before

Patter Complained of abdominal pain and a pulsatile mass:

Q1: Name of this study?

Q2: What is this pathology and where is its location?

-

Q3: Mention 2 lines of management?



• ANSWER

1. Angiogram

2. Abdominal aortic aneurysm) near the bifurcation

3. open surgical repair , Endovascular surgery

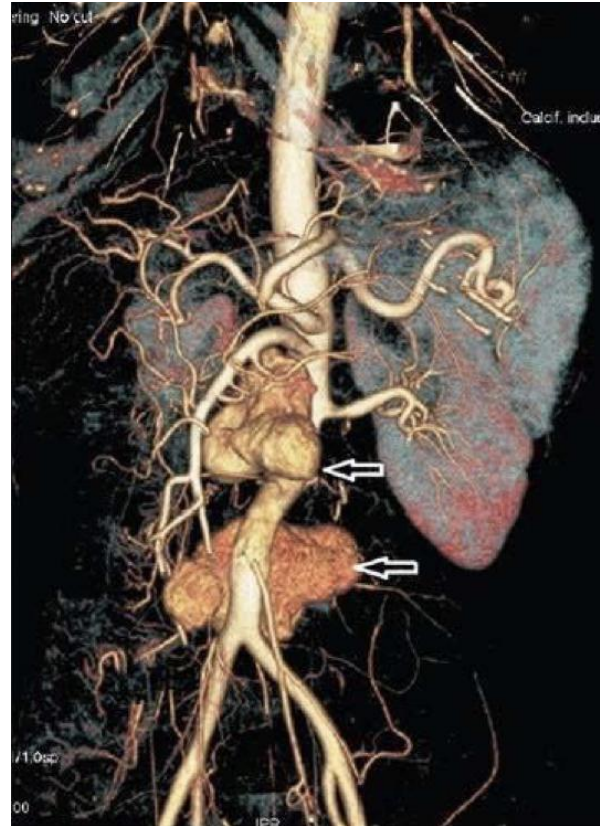


QUESTION

2019 – Before

1. Name of this study?

What is your diagnosis?



• ANSWER

1.3D angiography

2.AAA



QUESTION

2019 – Before

A patient with a history of atrial fibrillation presented with a sudden severe abdominal pain:

Q1: Name of this study?

Q2: Dx? -



• ANSWER

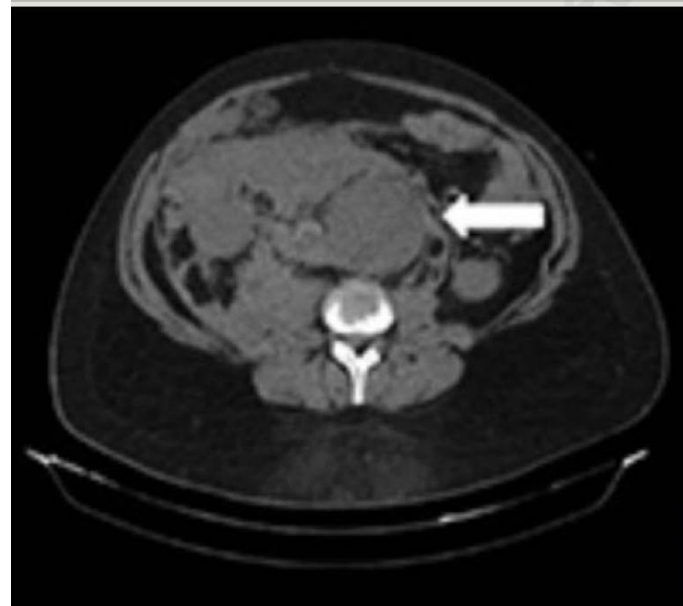
1. Abdominal CT with IV contrast
2. AAA (Abdominal aortic aneurysm)



• QUESTION

2019 – Before

1. What is the structure?
1. What's the past repair of this?



• ANSWER

1. Abdominal Aorta

2. Stent



• QUESTION

2019 – Before

Mention 2 modalities for management:



• ANSWER

Medical or Surgical according to the size

1) Endovascular repair 2) Open repair

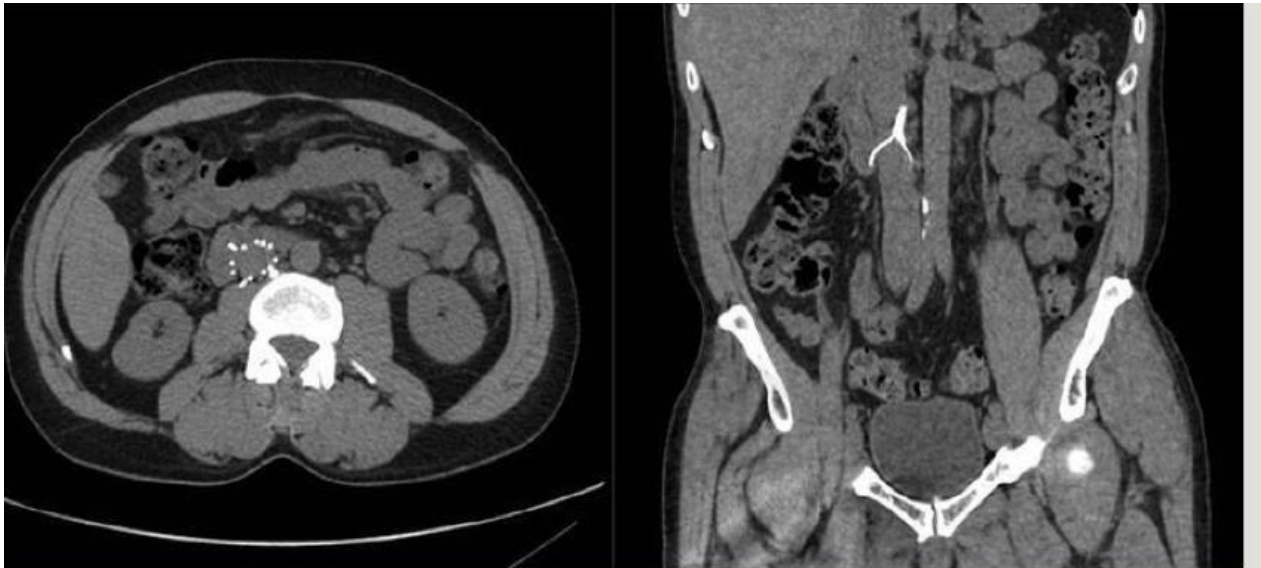


• QUESTION

2019 – Before

1.name of device seen in the CT

2.give 1 indication for it?



• ANSWER

1. Inferior vena cava filter

2. When anticoagulant therapy is contraindicated, ineffective or unsafe - Recurrent PE despite proper anticoagulation



QUESTION

SOUL 2021

What is the name of this study?



ANSWER:

1. Micturating Cystourethrogram(MCUG)



• QUESTION

SOUL 2021

What is the name of this pathology (without abbreviation)?



• ANSWER

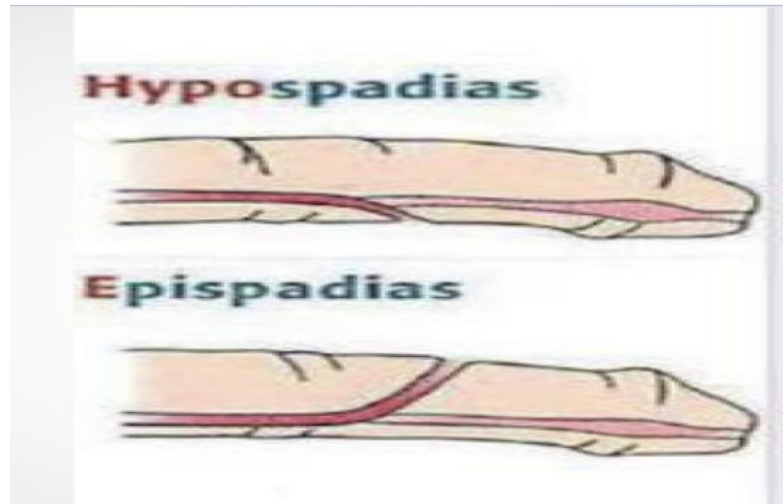
Vesicoureteral reflux (VUR)



QUESTION

SOUL 2021

1. What is the Dx?
2. Mention 2 associated anomalies?
3. Name 2 commonly associated features with this pathology other than the abnormally located urethral meatus?



ANSWER

1. Hypospadias and Epispadias
2. Bladder extrophy , Bifid penis , Rectum prolapse
3. Chordee (downward bending of the penis) , Hooded appearance of the penis



• QUESTION

IHSAN 2020

Name 2 commonly associated features with this pathology other than the abnormally located urethral meatus :

(Image Of Hypospadias)



• ANSWER

1. Chordee (downward bending of the penis)
2. Hooded appearance of the penis



• QUESTION

2019 – Before

1. What is the name of this study?

2• What is the name of this pathology? (with no abbreviation)



• ANSWER

1.MCUG

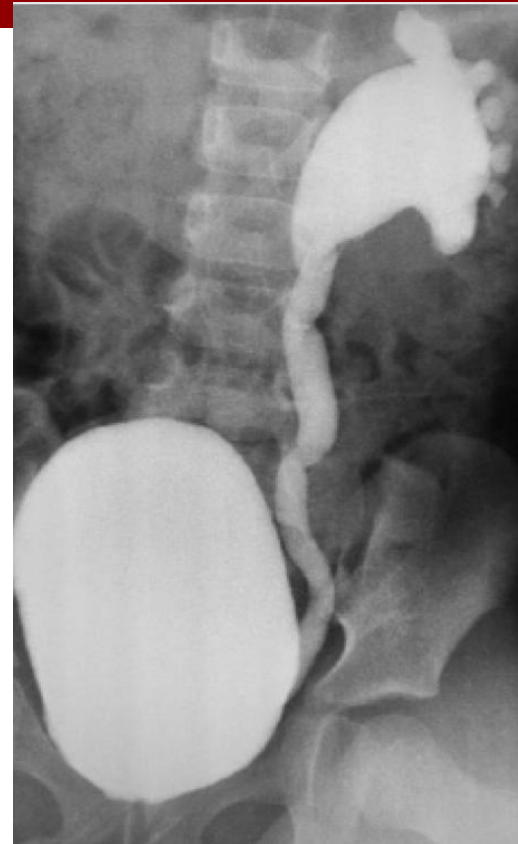
2.vesicouretral reflux



• QUESTION

2019 – Before

1. What is the pathology?
2. What is the cause behind this?
3. What are the 2 complications that might occur?



• ANSWER

1. Left dilated tortuous ureter and hydronephrosis
2. Posterior urethral valve - Congenital
3. Recurrent UTIs ,Kidney scarrin



• QUESTION

2019 – Before

1. What is the imaging?

2. What is the the management?



• ANSWER

1.MCUG

2.Antibiotic for UTI - Endoscopic injection - Surgery



• QUESTION

2019 – Before

1. Name The findings
2. what is the Etiology?



• ANSWER

1. Staghorn stone or Struvite stone

2. Urease Producing bacteria (proteus, klebsiella, pseudomonas)



QUESTION

2019 – Before

1. What is the diagnosis?

2. What is your management?



• ANSWER

1. Testicular torsion

2. Orchiectomy

