"Past Papers" Aiza Mukaw

2020 UHS:

Q4: Classify Venous system of lower limb & enumerate perforators. What are factors that prevent formation of Varicose Veins:

(1) Classification → ① Superficial Veins [Accessory Saph, grt Saph, Ant. cutaneous (Dorsal Venous arch), Ant vein of leg, Post arch Vn, from calf,]
② Deep Veins [femoral, popliteal, Ant. tibial, peroneal, Post. tibial, Short Saph)]
③ Perforating Veins

(2) Perforators → ① Ankle perf. ② lower leg - Cockett perf.
③ Boyd's perf. ④ Dodd perf. ⑤ Hunterian perforators.

(3) factors → ① Exercising ② watching your weight
③ Eating high fiber, low-salt diet
④ Elevating your legs
⑤ Changing your sitting & standing positions regularly.

Q5 Investigations & Management for pt ē bleach intake

Ⓐ Investigations: ① Plain radiograph → pneumomediatinum, Abnormal cardio-mediastinal contour, pneumothorax, pleural effusion ② Fluoroscopy → sensitive w/in 24 hrs. low-osmolar water soluble contrast bcz Ba can cause mediastinitis, esophageal perforation → contrast leak,
③ CT → perforation, pleural/Mediastinal fluid.
④ Endoscopy → Cornerstone for diagnosis w/in 12-48 h.
⑤ Radio-isotope scanning

Ⓑ Management: ① Priority ABC, ② In unstable airway, Intubation under fiberoptic laryngoscopy may req. ③ Milk & water as Antidote or to dilute, corrosive is not proven, ④ For severe pt, NG tube may be passed for early feeding purposes.,
⑤ If dysphagia occurs, an esophagogram can identify the extent of involvement. ⑥ for corrosive structure → Silicone rubber stent or polyflex stent.

Q6: Breast investigations & Malignant Tumors:

Invest.: ① Mammo - to reduce Breast cancer mortility
② USG - localization of lump ③ Ductography
④ FNAC (cytology) ⑤ MRI
size & shape

(B) Malignant Tumors: ① Arising in ducts (90%)

Non-infilterating	Infilterating
In situ ductal carcinoma (DCIS)	Invasive Duct carcinoma (IDC)
Intra-ductal "	Medullary "
Intra-ductal papillary "	colloid "
	Tubular "
	Paget's ds.

② Arising in lobules (10%)

In-situ lobular carcinoma (LCIS) Lobular carcinoma

Q7 C/F of cholidocholithiasis? charcoat's triad (A) Role of MRCP / ERCP in Tr.

(A) Symptoms

1- Asymptomatic

(B) 2- Charcoat's triad:

Pain → Similar to cholecystitis

Jaundice → Intermitten or persistent & obstructive in Type.

Fever & rigors.

Signs

- Tenderness in Epigastrium & Right hypochondrium
- Gallbaddee is impalpable (Stone in CBD)

(C) MRCP / ERCP → Cholangiography is perfoemed & if there are no filling defects in a well-outlined duct & contrast enters deudenum freely, then T-Tube can be removed. (A)

2017-UHS

Q3: 50yr Female, Bloody discharge from nipple, O/E 4x8cm irregular mass, ↓ mass in mid axillary line.

(A) Diagnosis (B) Stage (C) Role of Mammo

(A) Breast carcinoma (B) $T_3N_2M_0$ – Stage III

(C) Role of Mammo – Crab-like shape with disruption of normal structure. Microcalcifications w/in sub. of mass Thickening of skin over lesion due to edema.

Q4 Causes of Bleeding per Rectum, Signif of Meckles Scan

(A) Hemorrhoids / Ulcers, Inflamatory Bowel ds., Anal Abscess, fistula, Diverticulitis, large polyps

(B) for the diagnosis of Meckle's diverticulum ← imaging Test

This is a small, abnormal pocket that forms in the wall of your child's small intestine. During normal development of the GIT, a small duct forms off an area of what will eventually become the small intestine.

Q5: 60 years male c/o feeling unwell for 3-4 month. gradual abdomen dist., wt loss, Malaise. Returned from subcontinent.

Types of Intestinal TB - ① Ulcerative ② Hyperplastic ③ Stricturous ④ Diffuse colitis

A- Diagnosis B- investigations C- Types of Abd-TB.

Ⓐ Abd. TB

Ⓑ Blood — CBC, ESR
Microbio — AFB, PCR
Immuno — Mantoux, ELISA
Radiology — Xray, Ba St., USG Abd, CT Abd.
Endosopy — Laparoscopy
Histology — FNAC, Biopsy
Surgical — Laparotomy

① Peritoneal TB [Wet or ascitic form (Generalized, localized or loculated) / Dry or fibrous type, Adhesive type / plastic type]
② TB of peritoneal fold & contents (mesenteric cyst, Mesenteric Adenitis, Mesenteric Abscess, Bowel Adhesion)
③ GI TB (ulcerative Type, hypertrophic or hyper plastic type, Scratic or fibrotic type)
④ TB of solid organs (Liver, Splee

Q6: Colles' fracture. Deformities. complications:

Ⓐ This is a fr. of distal end of radius, with dorsiflexion of distal fragment. This is uncommon below age of 50. & particularly common in postmenopausal women.

Ⓑ Dinner-fork deformity
Distal fragment is;
1- Shifted dorsally
2- Angulated dorsally & radially
3- Driven proximally into shaft.
4- supinated

Ⓒ 1- Malunion,
2- Stiffness of wrist, shoulder, fingers & inf. radioulnar joint
3- Carpal Tunnel syndrom
4- Rupture of extensor pollicis longus tendon
5- Sudeck's Atrophy.

Q7: Head inj. during cricket Match. Lucid interval. Investigations. Indications of surgery. Operative Option

Ⓐ Lucid interval — State in extradural hemorrhage in which pt. is fully conscious for short period of time

Ⓑ Invest:— CT (invest. of choice), MRI, Ventriculography, Isotop cisternography, continuous ICP monitoring

Ⓒ Indications — Urgent — Raised ICP due to intracranial hematoma, compound depressed skull fr., comp. wound with / w/out contamin
late — persistent CSF leak > 24 hrs after inj., hydrocephalus, chronic subdural hematoma & impaired mental state & inf.

(D) Surgery: (1) Scalp wounds need closure. (2) Significant depressed fr. need elevating, (3) Antibiotics & (4) Anti-epileptics

Q4 Classify Bone Tumors. Features & Mangement of osteosarcoma.

(A)

Benign Tumors	Malignant Tumors
(1) Osteochondroma	(1) Osteosarcoma
(2) Compact osteoma (ivory exostosis)	(2) Chondrosarcoma
(3) Osteoid osteoma	(3) Fibrosarcoma
(4) Chondroma	(4) Osteoclastoma (giant cell Tumor)
(5) Fibroma	(5) Ewing's tumor
(6) Aneurysmal bone cysts	(6) Secondaries from breast, prostate, bronchus, kidney, thyroid, neuroblastoma, rhabdomyosarcoma

(B) C/F: Codman's Triangle, Osteolytic lesion, pathological fr.

(C) Amputation, Chemotherapy.

2021: Q1 27 year Male, painless mass in left hemi-scrotum since last 6 Month – H/O scrotal trauma O/E nontender mass, firm to hard in consistency, irregular margins, inguinal lymph nodes palpable

(A) Diagnosis: (A) Testicular carcinoma

(B) investig.: (1) USG scrotum (2) Radioimmune assay of tumor markers (3) CXR (4) CT & MRI

(C) imp tumor markers of testicular carcinoma.: (1) α-fetoprotein (AFP) (2) β-human chorionic Gonadotropin (HCG) (3) Lactate dehydrogenase (LDH)

Q2: (A) 2 Advantages & disadvantages of MRI (B) 2 Absolute Contraindications of MRI (C) Investigations having no radiations Hazards.

(A) Multiplane imaging
Use non-ionizing radiations (Noninvasive)
High Quality soft tissue contrast resolution

Claustrophobia, Time consuming
Expensive, cannot be employed in pt. with cardiac implants (pacemakers) & other implanted electronic devices

(B) Pacemaker, Cochlear implants, Aneurysmal clips, intraocular metallic foreign bodies

Relative – preg., claustrophobia, Uncontrolled movements

(C) MRI, USG, Image-guided Thermal ablation, Radiofreq. Ablation. ECG, Echo,

Q3: 30 year pt, ER dep. after Road accident.
(a) Motor & Verbal Resp. components of GCS.
(b) Mention four guidelines for CT brain

(A) Eye-opening – Spontaneous – 4
To Voice – 3
To pain – 2
None – 1

Verbal response		Motor response	
Oriented	– 5	Obeys commands	– 6
Confused	– 4	Localizes pain	– 5
Inappropriate words	– 3	Withdraws (pain	– 4
Incomprehensible sounds	– 2	Flexion (pain)	– 3
None	– 1	Extension (pain	– 2
		None	– 1

Total – (3-15)

(B) Guidlines for CT:
① GCS < 13 at any point ② GCS 13 or 14 at 2 hours
③ Focal Neurological deficit
④ Suspected open, depressed or basal skull fr.
⑤ More than one Episode of Vomiting
⑥ Any pt. over 65 years or ē coagulopathy
⑦ Dangerous mech. of inj.

Q4: 20 year F, Lump in left breast, 1*2cm Mobile, Non. Tender, palpable. (A) Diagnosis (B) invest (C) Tr.

(A) Fibroadenoma
(B) Needle biopsy, USG, Mammo
(C) Tr.: Enucleation of tumor thru a cosmetically appropriate incision, if associated with suspicious cytology, become very large, or patient desires the lump to be removed.
① lumpectomy ② Cryablation

Q6: Elderly female, ER, pain in leg, fall from on floor.
(a) Principle of Obt. x rays in case of fr.
(b) Principle Management of fr. (c) complications of fr.

(A) Include orthogonal views (2 views at 90° separation) & for long bones, should show the joints above & below the inj.

(B) (i) Take brief history of accident / inj.

(2) Do physical Examination → (i) Observe region distal to side of inj. (ii) Record pulses (Radial, dorsalis pedis present) (iii) check capillary refill. (iv) Record Temp.

(3) Neurovascular Assessment → (i) Note color & Temp of limb — Cyanotic & cold → Arterial insufficiency
Blue & Warm → Venous.

(ii) if operation is planned → properative neurological status is recorded.

(iii) in compartment synd → immediate fasciotomy req.

principles of Management:

(1) Immobilization of fragments by
External fixation (cast, splints, Traction)
Internal fixation (screws, plates, Intramedullary nails & rods, wires & pins)

(2) Early Physio Therapy:
done for the preservation of limb.

(3) Rehabilitation:
After union of fr., to restore full muscle power & joint movements & to make pt. fit for regular job.

(3) complications:

Immediate	Late	
	local	General
(1) Hemorrhag, (2) Damage to imp. internal structures (heart, brain) (3) skin loss (4) shock (5) Nerve damage	Tissue necrosis, wound inf, loss of alignment, Delayed & Malunion, joint stiffness.	DVT Pulmo. Embolism Osteoarthritis

Q7: Boy with caustic ingestion.
(a) Briefly management (b) list invest (c) late sequelae
(A)(B) page (1) ques (5)
(C) late sequelae of esophageal injuries
hematemesis, hemoptysis, hoarseness, odynophagia, dysphagia, Subcutaneous emphysema, neck hematoma, neck tenderness.

Q8: Obese lady, OPD → C/O on & off right hypochondrium pain for last 6 Months → & Jaundice for 15days, stones in GB.
(a) list of invest. (B) sequelae of Gall stones (C) Types of GS. (Gall Stones)

(A) USG (Abd + laparoscopic) — Gold standard
XRay Abd
Oral cholecystography
IV cholangiography
Radioisotope scan
CT, PTC
MRCP, ERCP
Preoperative Cholangiog.
Operative Billiary Endoscopy

(B) Severe pain
Jaundice
Bile duct inf.
Cholecystitis
Sepsis
pancreatitis
cholangitis

(C) (1) Cholesterol stones (single, large, smooth)
(2) Pigment stones (Ca bilirubinate) (multiple, small, Black)
(3) Mixed stones. (cholesterol majors Ca bilirubinate, $Ca(PO_3)_4$, $CaCO_3$, Ca palmitate proteins) (multiple faceted)

2014:

Q1: Spleen Injury
(a) How would you evaluate the pt
(b) Basic Management

(A) Evaluation of pt: (1) check pulses, Respiratory Rate & color (pallor) of pt. (2) Exam if Abdominal Guarding & Tenderness in left UQ is present (3) Look for Kehr's sign → pain referred to left shoulder. (4) Check Balance's Sign → dull not in both flanks (Edges) but in left side it can be made to shift, but on right side constant. (5) Exam per rectum → swelling observed (6) xray, US & CT for confirm diagnosis

(B) Management:
Conserv: CT confirms absence of hilar involment / Massive disruption of spleen.

Surgical → ① immediate laparotomy ② Splenectomy ③ splenic preservation. ④ suturing of inj ⑤ Partial Segmental resection ⑥ Blood-Transfusion ⑦ long term Antibiotic

Q2: Classification of fr. by application of Direction of force & resulting shape.

Ans:

Fracture		Resulting shape
① Compression fracture	→	Wedge Shape
② Avulsion (Distraction) fr	→	Distraction from tendon/lig
③ Spiral fr.	→	Spiral / Twisted shape
④ Transverse fr.	→	Right Angle to plane of bone (Slight line across bone)
⑤ Butterfly fr.	→	free floating butterfly fragm
⑥ Comminuted fr.	→	Break of bone into more than 2 fragments

Q5: 60 year female → OPD → C/O hard lump, overlying skin is puckered & adherent to lump.

ⓐ Diagnosis ⓑ Investigations ⓒ Stage of ds.

Ⓐ Carcinoma of Breast Ⓑ US, Mammo, Needle Biopsy Ⓒ $T_4M_0N_2$ – Stage 3

Q6: Young F, ER → Right Iliac fossa pain → Vomiting fever. ⓐ Diag. ⓑ D/D ⓒ investiagtions

Ⓐ Acute Appendicitis

Ⓑ Rupture of Ovarian cyst
Acute cholicystitis
Acute pancreatitis
Ectopic preg
UTI inf.

Ⓒ Blood C/P, Urine D/R
Urine preg. Test
Xray Abd + Barium
US Abd + pelvis
Contrast CT Abd

Q7: 6 year boy → Empty Scrotum, on palpation, firm ovoid structure palpable Above & Medial to pubic tubercle.

Ⓐ Diagnosis B. Investig. Ⓒ Management

Maldescent of testis

US Abd / CT Abd.
Laparoscopy
MRA – localizes testis thru Testicular Art.

1- Orchidopexy
2- Orchidectomy

Q8 (a) Name 5 different Abd. incisions & their locations
(b) What is incisional hernia?

(A)

Incisions	locations & Uses.
1- Kocher incision	1- Subcostal level, chole cystectomy
2- Midline incision	2- Midline of Abd., Laparotomy
3- Mc Burney incision	3- Mc. Bueney point, Appendectomy
4- Battle incision	4- lower Rt8 paramedian, Pathologies of RLQ
5- Lanz "	5- Two Third from Umblicus, Appendectomy
6- Para median "	6- to Ant. Sup iliac spine. lat. Ulsceras
7- Transverse "	2-5cm lat. to midline,
8- Rutherford Morrison "	7- Midline of Ant Abd. wall, Midline incis.
9- Pfannenstiel "	8- Left iliac fossa, colonic resecti
	9- b/w naval & pubichair, Caesarean section

(B) incisional hernia occurs at or in close proximity to a surgical incision thru which intestine, organ or other tissue protudes. It occurs, when surgical cut doesn't close properly. cause abd. muscles to weaken.

Q9: 45 year obese F, → ER → late night after dinner she had severe pain in upper abd. & Vomitting.
(a) D/D (b) Invest. (Best choice) (c) Rolling stone sign?

RUQ - Nephrolithiasis
pyelonephritis
Epigast - cholecystitis,
Chole lithiasis
Cholangitis
MI, pericarditus
Esophagitis,
Gastritis,
Peptic ulcer

- Abd US
- CBC & LFTs
- Xray, CT,
- Barium Swallow
- Endoscopy

→ it refers to the presence of gallstones w/in the GB that are mobile when pt. moves. Small stones sometimes difficult to diag. due to Absence of shadows artefact. presence of rollingstones inc. the confidence of diagnoses.

2011 Q1: (a) What is triple assessment for diag. of Breast lump
(a) How Imaging is used in diff. age groups.

(A) currently a combination of 3 Tests ie
(1) Clinical Exam (2) Radiological Exam (mammo, US) & (3) pathology called as triple ass. test, used to accurately diagnose all palpable breast lumps.

(B) if Age < 35yr then USG, & if Age >35yr → Mammo

Q2 (a) What is vascular interventional radiology?
(b) Name two ds. in which these can be used.

(A) Vascular interventional radiology is the use of imaging to guide minimally invasive vascular procedures such as stenting & angioplasty & Thrombolysis & Embolization. The goal of this speciality is to use the latest invasive techniques & Technology to diagnose & treat pts.

(B) Cardiovascular diseases (Aortic stenosis, Mitral Stenosis) Cancer to Uterine fibroid Tumors

Q4. Enumerate & Justify five Imaging invest. of infective Bones ds.

Ans (1) Radiography – Xrays (plain) → show injuries such (small dose) as fractures, infections, arthritis & other changes
(2) CT Scan – More detailed info. about bone tissue & structure than standard Xray
(3) MRI – to examine bones, joints & soft tissues such as cartilage, muscles, tendons or other conditions → tumors, inflam. ds, cong. Abnor., Bone marrow ds
(4) Bone densitometry – identify dec. in bone density before bone breaking, determine risk of fr. confirm diag. of osteoporosis
(5) Bone Scan (Radionuclide) – for unexplained skeletal pain, bone inf. or bone inj. that can't be seen on standard xray. Also an imp tool for detecting cancer metastasized to bone from the tumor's original location such as prostate or breast.

Q5 (a) Causes of Rupture of Spleen (b) How radiology help in diagnosis

(A) 1- Any Trauma (blunt/penetrating) esp. direct inj. to LUQ of abd from any Δ.
2- A fall w/out direct trauma to trunk. esp. if spleen is diseased.

(B) (1) Xray Abd: (i) obliteration of spleenic outline (ii) Oblit. of psoas shadow (iii) Indentation of left gastric bubble (iv) Fx. of one or more lower ribs (left) (v) Elevation of left side of diaphragm (vi) Free fluid b/w gas-filled ints. coils
(2) US (FAST): - Spleen visualized & surround hematoma suggest rupture
(3) CT ē contrast: Enable an accurate diagnosis to be made.

Q6. (a) Acut peritonitis (b) 2 common causes (c) Name investigat.

(A) Pure inf. with streptococcal pneumococcal or haemophilus bacteria alone (B) (i) Bacterial inf. (ii) Chemical inj. (iii) Direct trauma (opt) (iv) ischemic inj.

(C) (i) Blood CP & CRP (ii) Peritoneal aspiration (iii) CXR, Abd XR. (iv) US, CT (v) Serum amylase estimation

Q4: (a) Orthogonal Views (b) Parts incl. in Radiog. (c) 2 more invest.

(A) AP & Lat. Views (b) Above & below joint including fr. site (Proximal & Distal part & Diaphysis) (c) CT & MRI Isotope Bone scan.

Q9 (a) Types of Urinary calculi (b) Possibilities of Radioopaque shadows on Xray KUB.

(A) (1) Oxalate calculus (Mulberry stones)
(2) Phosphate " (Staghorn)
(3) Urid acid & Urate "
(4) Cystine "
(5) Xanthine "
(6) Indigo.

(1) Gall stones (2) Calcific lesion (3) phlebolith (4) fecolith, (5) calcified TB lesion, (6) Calcified rib tip, (7) Ovarian dermoid cyst.

2013 Q1: 46y. F. → ER → Outstretched hand fall, dinner fork deformity. (a) Diagnosis Colle's fr.

(b) Name Deformities Dinner-fork, Distal fragment is SADS.

(c) Outline Management (1) Closed Manipulation → (i) GA (ii) Application of Plaster back slab to lat, Dostal & medial aspects of forearm, wrist & hand → from elbow to metacarpel heads, holding the wrist in palmar flexion & Ulnar deviation (iii) Analgesic (iv) Active mobilization of fingers & shoulder (v) Plaster is maintained for 6 weeks. (2) Operative Tr → (i) intrafocal wiring with plates & screws (ii) open reduction & fixation

Q2 (a) Massive Transfusion (b) its complications (c) infective complic. of Blood transf.

(A) Replacement of pt's entire blood (or 10 Units of RBCs) in 24 hours period.
- ≥ 4 PRBC Units in 1 hour.
- Replacement of 50% blood volume w/in 3-4 hours.

(B) Hypothermia, Coagulopathy, citrate toxicity, Electrolyte Abnormalit. (hypocalcemia, hypomagn, hypokalemia, hyperkalemia) Transfusion-associated acute lung inj, leukopenia

(1) Viral – Hepatitis (2) HIV, HCV, HBV, (3) West nile virus (4) AIDS (5) Allergic Rex (6) Bacterial inf. (7) Circulatory Overload

Q3 (a) Name indications of Amputations (b) levels of lower limb Amp.

1- Gangrene (Dry + Wet)
2- Diabetic foot syndrome
3- Malignancies (bone / soft Tissue Tumor)
4- Severe burns
5- Camel bite & (Snake bite) Rare
6- fungal inf. (Madura foot)
7- Peripheral Vascular ds.
8. Traditional Splintage

(1) Hemipelvectomy — (Transpelvic)
(2) Hip disarticulation (thru hip)
(3) Transfemoral (Above knee)
(4) Knee disarticulation (At knee)
(5) Trans tibial (Below knee)
(6) Ankle disarticulation (thru Ankle)
(7) Partial foot amputation

Q4: (a) Name Organism causing Hydatid ds:— Echinococcus granulosus

(B) (b) Sites for disease (c) list of Tr. Modalities.

(1) Most common sites are liver & lungs.
(2) other Bones, Muscles, spleen, kidney, heart, Brain.

(c) Drug Tr. (Mebendazole, Albendazole)
Percutaneous Tr. (PAIR)
Surgery (Laparoscopic cystotomy, deroofing & omentoplasty) & open surgery.

Q5 (a) Name diff. Types of shoulder dislocations.
(b) complications of Most common variety
(c) Treatment

(A) Types (i) Subcoracoid Ant. dislocation (Most common)
(ii) Post. dislocation (Rare)
(iii) Downward dis. (very occasional)

(B) complications → (i) Associated fr. → Articular surface of head of humerous, neck of humerus, Greater tuberosity of humerus) (ii) Axillary nerve damage
(iii) Recurrent dislocation.

(C) Tre. (i) Reduction by (a) Kocher's method (b) Hippocratic method (c) Hanging-arm Method
(ii) Analgesics
(iii) In recurrent dislocation → operation is done by (a) Bankart procedure
(b) Putti-Platt procedure.

Q6 (a) Name causative agents of Septic Arthritis
(b) How will you manage case of " " of knee.

(A) Staphylococcus aureus – (children & Elder)
Neisseria gonorrhae (young individuals)

(B) 2 Weeks → bed rest
2 Weeks → course of Antibiotics
Analgesics

Q7 37 year M. → ER ē severe dyspnea, cyanosis, pulse 126 RR 38 beat/min, visible pulsations in neck, Absent breath sounds. → Road accident, in which his chest struck against stearing wheel.

(a) Diagnosis (b) ER Tr. (c) Complications of Tr.

~~Stressed~~

(A) Tension pneumothorax

(B) ABC → Primary Survey & Secondary Survey
(i) chest Tube drainage, (ii) Needle thoracocentesis

(C) complications: Schok, cardiac arrest, low blood oxygen, resp. failure

Q9. (a) Name Types of regional anaesthesia
(b) 5 complic. of spinal anaesthesia.

(A) (1) Spinal anaesthesia (Subarachnoid block)
(2) epidural "
(3) Nerve blocks

(B) (1) Direct needle Trauma
(2) Inf. (Meningitis / Abscess formation)
(3) Vertebral canal hematoma
(4) spinal cord ischemia
(5) Cuada equina Synd.
(6) Arachnoiditis (7) perip. N. inj.
(8) headache (9) CSF leakage
(10) cord puncture (11) Hypothermia
(12) Bleeding (13) Vomiting.

2012:

Q1 70 years. M. slipped on wet floor & got bruising & pain over his hip. Leg shortening & ex. rotated.

(a) Diagnosis (B) invest. (C) Treatment.

(A) Fx. of femur neck / shaft of femur

(B) Lab + Radi.
Xray, CT, MRI, Us.

(C) (1) Reduction by alignment
(2) Fixation & immobilization
(3) Traction (4) Early phy T.
(5) Rehabilitation.

Q2 (a) How will you evaluate osteomylitis case? Give Radiolog -ic features (b) Basic Management Steps.

(A) (i) Radiography - joint space narrowing, subchondral sclerosis & osteophyte formation.
(2) Synovial fluid analysis - eliminates other bones ds's.
(3) Other invest :- ESR, CRP, RF, leukocyte count.
(B) (i) History → Mech. & severity of inj, Associated ds., Neurovascular inj, Bleed from nose, ear, Head, Abd, chest examination. / Ask.
(ii) Examination → General Phy. Ex — Vitals → BP, PR, Temp.
→ Systemic Phy. Ex — All systems → Respi., CVS, GUS, CNS, GIT, Musculosk. sys.
→ inspection → palpation
→ percussion → Oscultation
(iii) Tx :→ (A) Non-phaemacological → (1) Rest & Restricted used of weigh-bearing joints (2) MUA reduction (3) Heat therapy (4) Ex. (5) OT
(B) → Pharma → (1) Acetaminophen (1st line) (2) Opioids (3) NSAIDs (4) corticosteroid inj.
(C) → Surgery → (1) Joint Replacement (2) Osteotomy.

Q3: 20 year M. → ER ē pain in Right hypochondrium.
* O/E febrile & had hepatomegaly.
(a) DD. (b) invest. for liver abscess.

(A) Liver abscess.
Deudenal Ulcers
Hepatitis
Hepatobiliary ds.
cholelithiasis / cholecystitis

(B) (1) Blood C/P (2) Hemoglobin estimat Anemia (3) Stool Ex. (cyst may present) (4) Radiography (5) Us & CT Scan (6) Sigmoidoscopy (7) Serology (PCR, ELISA)

Q7: 31 y. M. → Surgical ER → Accident → Bleeding from urethral meatus, perineal hematoma &.
(a) Diagnosis (2) Management

(A) Rupture of Balbar Urethra

(B) (1) Pt. should be told not to try to pass urine (2) opioid Analgesics (3) Antibiotic course (4) suprapubic cath. Surgical (1) cath. (2) Drainage of perineal hematoma (3) Operative repair

2016 Q4: 60y F. → Mass in left breast, fixed & hard
ⓐ investigations ⓑ Sentinal node biopsy ⓒ Role of Mammo in Screening

Ⓐ US, Mammo, FNAC, Sentinal node biopsy

Ⓑ Procedure in which Sentinal LN is identified Removed & Examined to determine whether cancer cells are present or not. used in people who have alrdy been diagnosed ē cancer.

ⓒ ① Mammo plays major role in the early detection of breast cancers, detecting about 15% of cancers at least a year before they can be felt. → low Rad. dose.

Qs: Ⓐ CT findings of Empyema Thoracis?

Ⓐ CT → parietal pleural thickening
→ Gas bubbles in pleural fluid collection (diagnostic) ↕ or
→ Enhancing pleura.
→ fluid density collection in pleural space

Q8: 20y F. → ER. → pain in RIF, Vomiting, fever.
ⓐ What is MANTRELS Score ⓑ D/D.

Ⓐ Symp: Migratory RIF pain	1	
Anorexia	1	
Nausia & Vomiting	1	
Signs: Tenderness (RIF)	2	
Rebound Tenderness	1	
Elevated Temp	1	
Tests: Leukocytosis	2	
Shift to left	1	
Total	10	

Ⓑ ① Ovarian cyst
② UTI
③ Testicular / Ovarian carcinoma
④ Ureteric colic
⑤ Ectopic Preg.
⑥ Endometriosis
⑦ Acute cholengitis
⑧ " Pancreentitis