

**POSTGRADUATE INSTITUTE OF MEDICINE**  
**UNIVERSITY OF COLOMBO**

**MD (SURGERY) EXAMINATION – JULY 2017**

**Date :- 18<sup>th</sup> July 2017**

**Time :- 9.30 a.m. – 11.30 a.m.**

**PAPER I (SEQ)**

**Answer all four (04) questions.**

**Answer each question in a separate book.**

1. A 48-year-old male presented with a history of persistent vomiting after meals of two months duration. Examination of the abdomen reveals succussion splash.
  - 1.1. List the likely surgical causes for his symptoms. (10%)
  - 1.2. Identify the problems that you may encounter in managing this patient and briefly describe how you would manage them. (40%)
  - 1.3. Discuss the surgical options available for management if pathology is found in the stomach. (50%)
  
2. A 53-year-old singer, who has undergone subtotal thyroidectomy 10 years ago, presents with a 1 cm nodule on the right side of the neck.
  - 2.1. How would you assess this patient? (30%)
  - 2.2. Cytology revealed that it is a papillary carcinoma. How would you manage this patient? (70%)
  
3. A 13-year-old boy is brought to the accident and emergency department with a painful swelling of the right hemi scrotum.
  - 3.1. List five (05) possible causes. (20%)
  - 3.2. Discuss the rational use of investigations in this situation (30%)
  - 3.3. Discuss the management of this patient. (50%)

4. A 25-year-old man is admitted to the Emergency Treatment Unit (ETU) of a Teaching hospital following a road accident 2 hours ago. He sustained an isolated injury to the right knee joint and is unable to walk after the accident. On examination his blood pressure is 90/60 mmHg and pulse rate 120/minute. He has a swollen right knee joint and absent popliteal, posterior tibial and dorsalis pedis pulses. X ray of the knee joint shows dislocated knee joint with a fracture of medial condyle of the tibia.

- 4.1. Outline the initial management of this patient in the ETU. (20%)
- 4.2. Describe the definitive management. (50%)
- 4.3. Describe the possible complications. (30%)