

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

MD (SURGERY) EXAMINATION – MARCH 2022

Date:- 29th March 2022

Time:- 9.30 a.m. - 11.30 a.m.

SEQ PAPER

Answer all four (04) questions.

Answer each question in a separate book.

1. An 80-year-old man is received at the emergency having experienced acute onset severe pain in the left lower extremity of 24 hours duration. The limb is cold, pulseless from the thigh downwards. Calf muscles are swollen and tender. He was unable to move the limb. A diagnosis of acute left lower limb ischaemia is made.

His comorbidities include ischemic heart disease, hypertension and impaired cognition.

Prior to this illness, he had been mostly bed-bound and needed full-time care.

General examination findings are as follows.

Heart rate	120/minute
Blood pressure	90/60 mmHg
Respiratory rate	22/minute
Chest auscultation	Bilateral crepitations

- 1.1. List three (03) possible causes for his arterial occlusion and pharmacological preventive measures for each. (15%)
- 1.2. Describe the pathophysiological basis for the cardiorespiratory findings in this man. (25%)
- 1.3. Outline management options of an acutely ischemic limb. (25%)
- 1.4. Discuss the management of this patient and the likely outcomes giving reasons. (35%)

Contd..../2-

2. A 60-year-old man has undergone an Ivor-Lewis oesophago-gastrectomy for a gastro esophageal junction tumour. He complains of severe chest pain and looks ill on the fourth day after surgery.

- 2.1. Describe the clinical features on which you would suspect an anastomotic leak. (20%)
- 2.2. Mention two (02) other causes for this patient's symptoms. (10%)
- 2.3. Discuss the investigations you would do to confirm your clinical suspicion of an anastomotic leak. (20%)
- 2.4. Discuss the pre-operative measures that will minimize the risk of an anastomotic leak. (30%)
- 2.5. Outline the treatment of anastomotic leaks after oesophago-gastrectomy. (20%)

3. A 65-year-old man presented with a painless mass on the left side of his neck which has progressively increased in size during last 2 months. Patient has no other symptoms. Examination revealed the mass to be deeper to the left sternocleidomastoid muscle. Rest of the head and neck examination did not show any other abnormality. Ultrasound has reported it as a lymph node mass. A guided FNAC is planned.

- 3.1. List three (03) possible pathologies. (15%)
- 3.2. FNAC was suspicious of an epithelial malignancy. Discuss the investigation plan. (50%)
- 3.3. Outline the treatment of this patient if the primary cannot be identified. (35%)

4. A 28-year-old man is admitted to the surgical emergency following a motorcycle accident. He was reported to have been thrown off following a collision with another vehicle at high speed.

On admission he was found to be pale but conscious and alert. His initial blood pressure was 90/60 mmHg with a pulse rate of 120 per minute.

Patient was noted to have haematuria during initial resuscitation.

- 4.1. Discuss the initial management of this patient. (30%)
- 4.2. Describe how you would evaluate this patient with a view to a definitive diagnosis with regards to haematuria. (20%)
- 4.3. Discuss the treatment of this patient. ^{huria in} (50%)