

Tanta University

Faculty of Medicine

All questions must be answered

Number of Questions: 2

Time Allowed: 3 Hours

October 22, 2012

General Surgery Written Examination

for MD degree of

Radiotherapy & Radio Diagnosis

General Surgery Department

Total: 100 Marks



1- Mention shortly the diagnosis and management of metastatic cancer to cervical lymph nodes. (50 degrees)

2- Give short account on hypercalcaemia and malignancy. (50 degrees)

GOOD LUCK

أ.د/محمد عبد العزيز المحلاوى

Tanta University

Faculty of Medicine

General Surgery Department

All questions must be answered

October 13, 2012

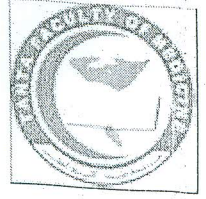
General Surgery Written Examination

for M.D Degree paper 1

Number of Questions: 2

Time Allowed: 3 Hours

Total: 100 Marks



1- Mention the etiology and management of coagulation-deficiency states in surgery
(50 degrees)

2- Outline the update in the management of surgical patient with diabetes.
(50 degrees)

GOOD LUCK

سوف تعقد الإمتحانات الإكلينيكية الخاصة بدكتوراه الجراحة العامة بقسم الجراحة العامة بإذن الله تعالى يوم
٢٠١٢/١١/١٧ في تمام الساعة الثامنة صباحا.

أ.د/محمد عبد العزيز المحلاوى

Tanta University

Faculty of Medicine

General Surgery Department

All questions must be answered

October ٢٠, 2012

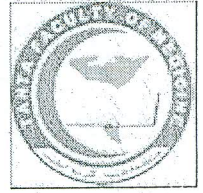
General Surgery Written Examination

for M.D Degree paper ٢ Commentary

Number of Questions: ١

Time Allowed: ١ Hour

Total: 100 Marks



A 70 year-old man presented to the emergency department with generalized abdominal pain and distention. The distension has increased progressively over the last 4 days, with a substantial increase today. His mental status has progressively deteriorated, and he cannot provide additional information regarding the onset, course and character of pain. The patient's family states that he has not had a bowel movement in 2 days and has never experienced similar symptoms. The patient is a known hypertensive and has been on oral medication for the last 18 years. He does not have any history of diabetes, myocardial infarction or stroke. There's no past history of any abdominal surgery. There is no history of travel, the patient is nonsmoker, and he does not consume alcohol.

On physical examination, the patient is obese and obtunded. He has patent airway, bilateral rales, diminished air entry into both lung bases, normal heart sounds, pallor, poor capillary refill and a weak rapid radial pulse. His heart rate is 124 beats per minute. The patient is febrile with a temperature of 38.9°C. His blood pressure is 85/65 mmHg and his respiratory rate is 26 breaths per minute. The patient abdomen is grossly distended and hyper-resonant, particularly above the umbilicus. Bowel sounds are totally absent. Digital rectal examination reveals hard stools in the rectum. The patient is resuscitated in the emergency department with intravenous infusion of lactated ringer solution. Orotracheal intubation is performed and mechanical ventilation is maintained. Intravenous antibiotics are started and a surgical consultation is ordered, and the patient is transported to the intensive care unit.

Laboratory results reveal a white blood cell count of 22500 cells/mm³ with 82% neutrophils. The serum hemoglobin is 9.2 g/dl, and the hematocrit is 27.5%. The serum alanine aminotransferase (ALT) is 78 U/L (normal range is 5-40 U/L), serum bilirubin is 2.3 mg/dl, and serum C-reactive protein is 28 mg/dl. Serum creatinine is 4.8 mg/dl, and serum urea is 79 mg/dl. The plain chest radiograph shows a large air-filled bowel loop in the left hemithorax, with displacement of the mediastinum towards the right side. Supine abdominal X-ray reveals distended small and large bowel loops. A CT scan of the abdomen using both oral and intravenous contrast shows eventration of the left hemidiaphragm and a small right inguinal hernia with a gas shadow amongst its contents. It also demonstrates thickening of the bowel wall and omentum in addition to multiple abscesses between the bowel loops and within the pelvis. The appendix cannot be visualized in the right iliac fossa and there is no evidence of mesenteric vascular occlusion.

GOOD LUCK

سوف تعقد الامتحانات الإكلينيكية الخاصة بدكتوراه الجراحة العامة بقسم الجراحة العامة بإذن الله تعالى يوم
٢٠١٢/١١/١٧ في تمام الساعة الثامنة صباحا

أ.د/محمد عبد العزيز المحلاوى

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October 22, 2012

General Surgery Written Examination

for M.D Degree paper 4

Number of Questions: 4

Time Allowed: 3 Hours

Total: 100 Marks



- Enumerate and Differentiate between the precancerous lesions of GIT.(25 degrees)

- State the surgical pathology of parotid tumors. (25 degrees)

Describe the surgical anatomy of cleft lip and palate. (25 degrees)

- Mention the embryology and surgical anatomy of the Greater momentum.

(25 degrees)

GOOD LUCK

سوف تعقد الإمتحانات الإكلينيكية الخاصة بدكتوراه الجراحة العامة بقسم الجراحة العامة بإذن الله تعالى يوم
٢٠١٢/١١/١٧ في تمام الساعة الثامنة صباحا.

أ.د/محمد عبد العزيز المحلاوى