Tanta University

Faculty of Medicine

Department of General Surgery

M.D Radiotherapy

May 2012

Time allwoed 3 hours

All questions must be answered

1- What is the differential diagnosis and management of thyroid nodule.

2- Give an outline on diagnosis investigation and management of obstructive jaundice.

GOOD LUCK

سوف تعقد امتحانات الشفوية والكلينيكية يوم الأحد الموافق ٣٠/٥/٢٠١٢

الساعة صباحا بقسم الجراحة.

Tanta University

Faculty of Medicine

Department of General Surgery

M.D Radiodiagnosis

May 2012

Time allwoed 3 hours

All questions must be answered

1- Provide the causes, diagnosis and management of a patient with obstruction of the lower third of the aesophagus.

2- Give an outline on diagnosis investigation and management of obstructive jaundice.

GOOD LUCK

سوف تعقد امتحانات الشفوية والكلينيكية يوم الأحد الموافق ٢٠١٢/٥/٢٠

الساعة صباحا بقسم الجراحة

Tanta University

Faculty of Medicine

Department of General Surgery

M.D of General Surgery paper 1

May 2012

All questions must to be answered:

Time allowed 3 hours:

- Discuss recurrence after thyroid surgery.

- Discuss complications of bariatric surgery.

GOOD LUCK

سوف تعقد امتحانات الشفوية والكلينيكية يوم السبت الموافق ١٩/٥/٢٠١٢

الساعة ٨ صباحا بقسم الجراحة.

Tanta University

Faculty of Medicine

Department of General Surgery

M.D of General Surgery paper 2

May 2012

All questions must to be answered:

Time allowed 3 hours:

- Role of interventional radiology in surgical practice.
- Discuss acute abdominal vascular emergencies.

GOOD LUCK

سوف تعقد امتحانات الشفوية والكلينيكية يوم الأحد الموافق ٢٠١٢/٥/٢٠
الساعة ٨ صباحا بقسم الجراحة.

Tanta University

Faculty of Medicine

Department of General Surgery

M.D of General Surgery paper 3

Commentary

May 2012

Time allwoed 1.5 hours:

A female patient aged 35 years, married, complained of symptoms of chronic calcular cholecystitis. Abdominal ultrasonography confirmed the presence of gall stones and reported the C.B.D diameter to be 10 mm. Open cholecystectomy was performed and the postoperative period was uneventfull. Twenty days later however, she developed severe abdominal pain for which serum amylase was estimated and was found normal. The condition was diagnosed as acute appendicitis and a Mcburney's incision was performed but the appendix was found normal. The abdomen was then explored through a paramedian incision and acute necrotizing pancreatitis was discovered. The abdomen was closed without drainage. After the operation she developed fever, loss of weight and severe ill health. One week later, abdominal CT and US were performed and revealed the presence of multiple pancreatic abscesses. She was treated conservatively but developed fistula through the abdominal wall which produced necrotic material and was diagnosed as faecal fistula. ERCP and Endoscopic sphincterotomy were done and discovered an impacted stone in the C.B.D, which was removed endoscopically. The patient improved for about a week but the general condition became worse again. A fistulogram was then performed and it revealed a hugely dilated parcreatic duct and leakage of the dye around the pancrease and reaching to the left subdiaphragmatic space. Under conservative treatment she improved

steadily and progressively but the fistula is still discharging.

1) What further procedures should have been done during the first operation?

2) What is the most likely diagnosis and what further management you suggest?

GOOD LUCK

سوف تعقد امتحانات الشفوية والكلينيكية يوم الأحد الموافق ٢٠/٥/٢٠١٠
الساعة ٨ صباحا بقسم الجراحة

Tanta University

Faculty of Medicine

Department of General Surgery

M.D of General Surgery paper 4

May 2012

<u>All questions must to be answered:</u>

<u>Time allowed 3 hours:</u>

- Surgical anatomy of thoracic inlet.
- Surgical anatomy of psoas major muscle.
- Surgical pathology of osteolytic bone lesions.
- Surgical pathology of solitary giant cyst of the liver.

<u>GOOD LUCK</u>

سوف تعقد الاختبارات الشفوية والإكلينيكية يوم الأحد الموافق ٢٠/٥/٢٠١٢

الساعة ٨ صباحا بقسم الجراحة