

*U need **19** to pass*

Of the following 30 questions **choose one best answer.**
The answers in yellow are what doc said-he corrected test w us and went over them!!!

19 correct answers are necessary to pass.

Good luck!

1. Courvoisier's sign can be seen in:
 - A. Hepatoma
 - B. Liver cirrhosis**
 - C. Esophageal cancer
 - D. Common hepatic duct cancer
 - E. Carcinoma of the ampulla of Vater
 - **Hepatic duct is above biliary aorta**
 - **Both so Cannot cause Courvoisier's sign**
 - o **Gallbladder is palpable, non painful, due to inc pressure**

2. A patient whose job involves worldwide travel presents with a complaint of right upper quadrant pain. Examination reveals hepatomegaly and eosinophilia. The most likely diagnosis is:
 - A. Hepatocellular carcinoma
 - B. Hepatitis B
 - C. Echinococcal cyst**
 - D. Choledochal cyst
 - E. Cholangiocarcinoma

3. Safest and most efficient treatment of common bile duct stones in elderly patients:
 - A. Laparoscopic choledochostomy
 - B. Laparoscopic choledochotomy
 - C. Classical choledochotomy
 - D. ERCP and sphincterotomy**
 - E. T-tube insertion

4. Risk factors for inguinal hernias in adults include:
 - A. Sedentary lifestyle
 - B. Chronic obstructive pulmonary disease (b/c of chronic cough)**
 - C. Anorexia nervosa

- 5. ___ carcinoma is Adenocarcinoma**

6. In pts with upper GI bleeding, endoscopy should be performed: ASAP (as soon as possible)

7. Inflammatory tumour of the large bowel is most often associated with:
Diverticular disease
 - **(it will v commonly create an inflammatory tumour)**
 - **More common than ulcerative colitis in human pop**

8. What is the most appropriate treatment in a patient with acute perirectal pain with tender to ___ to ___ area drainage? ___ asis (abscess?)
9. Rectal cancer is most efficiently treated with B/D/E-(couldn't hear which letter but not A/C for sure) surgery ___
- <http://www.cancer.org/cancer/colonandrectumcancer/detail/edguide/colorectal-cancer-treating-by-stage-rectum>
10. What has been found to be most reliable for recurrent colon cancer?
Colonoscopy
- b/c DON'T rely on CEA for RECURRENT colon cancer
 - if ppl have recurrent tumour in colon or site of anastomosis then CEA doesn't necessarily have to be elevated
 - if CEA inc then dev of disease or spread (metastasis) of disease but not LOCAL recurrence
11. Pheochromocytoma
B. Produces steroids (**excessive corticosteroids production**)
12. Hyperthyroidism can be caused by:
D
- Amiodarone can cause both hypothyroidism and hyperthyroidism so correct answer is D
 - Space b/w pharynx and cervical esophagus
13. Gastric intestinal absorption is accomplished by:
All of the above
14. Which of the following is not a complication of Crohn's disease?
A
- b/c this is for differential Dx (frequent location for Crohn's disease so we need to distinguish this)
15. The most common thyroid malignancy is:
Papillary
16. GE reflux is best characterized by which of the following statements?
D
- **not synonymous with hiatal hernia b/c hiatal hernia is risk factor for GE reflux**
17. Lower esophageal sphincter pressure is LOWER, gastrin production
18. Which procedure is not a treatment for achalasia?
D. Gastrectomy
19. What is most common origin of metastatic liver tumours?
90 % (all of the above)
20. Carcinoid syndrome can be diagnosed by finding which of the following?

- A. is nothing (something made up)
- B. 5-HIAA
- C. HTT

21. Cushing's syndrome is not most commonly caused/treated by?

- B. Bilateral adrenalectomy
- Unilateral

- Cushing's syndrome is caused by exogenous steroids
- Cushing's disease-only one clinical situation where u perform a bilateral-when have pituitary tumour and can't be treated w/ drugs-then have to remove both adrenal glands as Tx of choice)
- In all other cases NEVER resect both glands-even if tumours in both-first resect the gland with the biggest tumour and then after some period of time resect the 2nd one to avoid adrenal crisis

22. Medical treatment for reflux esophagitis includes all of the following except?

- B. Calcium channel blockers

- b/c LES is too loose and if add blockers, u will loosen it up even more
- completely contraindicated
- ONLY give if have achalasia

23. Which statement is true about nutritional support in a patient with severe necrotizing form? ___ microjejunostomy?
E.

- Always if it's possible-try enteral nutrition (enteral catheter/jejunal catheter/or if it's possible-nasogastric tube)
- Shouldn't give any food to upper GI
- In microjejunostomy use jejunal catheter to feed bowels or feed pt enterally in addition to parenteral nutrition

24. You are asked to go wait..older patient etc. prob with swallowing liquids & solids-the most likely diagnosis is:

- A. Achalasia (if younger pt)
- B. Scleroderma
- C. Esophageal cancer (if older pt-like in this case)
- D.
- E. Esophagitis

- both A/C can be correct but in older pts the most likely diagnosis is esophageal cancer (almost twice as common as achalasia)
- With achalasia u have a constriction-LES
 - o [roblem with swallowing-food stays in LES
- Some pts can swallow both liquids/solids at same time
- You can't say every pt will dev same image of disease-dep on pt-some start w liquids then swallow solids a couple weeks later

25. Central parenteral nutrition is most ideally suited for all but one of the following:
- C. Necrotizing pancreatitis (b/c not minimal-would use both central/enteral nutrition)
- If pt is malnourished then prepare pt for operation
 - If minimally malnourished then no operation
 - Doesn't say in ques that we exclude enteral nutrition (b/c both given together)
26. Treatment strategy for patients with Barrett's esophagus includes:
- A.
B.
C. Endoscopic biopsy of d___ as evidence
D. All of the above
E. None of the above
27. Prognosis for carcinoma of the colon and rectum depends on:
- A. Lymph nodes metastasis
B. Distant metastasis
C. Depth of penetration through the bowel wall
D. All of the above
E. None of the above
28. Grave's disease clinical manifestations are all except:
- A. Tender thyroid enlargement
- Tender thyroid enlargement-expect: infection-acute thyroiditis (caused by bacteria-tender/painful and Tx conservatively w/ antibiotics)
- B. Thyrotoxicosis symptoms
C. Goiter
D. Ophthalmopathy
29. A 40-year-old man had subtotal thyroidectomy. several hours later he complained of difficulty breathing. On examination, he had stridor, markedly swollen, tense neck wound. A first step in the management of this patient should be to:
- A. Intubate with an endotracheal tube
B. Perform a tracheotomy
C. Control bleeding site in the OR
D. Open the wound to evacuate the hematoma
- (this is the right answer clinically even though we might be taught airway 1st cuz a lot of ppl thought A or B was the right answer)
 - won't have time to get pt to OR
 - in pt's room-need to open wound in seconds (won't even have a minute)
 - airways are completely blocked
 - open wound
 - take hematoma out
 - release pressure on airways
 - then OR, intubate, etc. but first see life
 - tracheostomy won't help here b/c it's a hematoma

30. What is the procedure of choice in ulcerative colitis:
- A. Segmental resection of the colon
 - Segmental (is in Crohn's)
 - Try to be as conservative as you can so only resect segments with constrictions/fistulas/segments involved in disease
 - B. Subtotal colectomy
 - C. Restorative proctocolectomy
 - In UC-resect whole colon (even if part of it is still not infected) and create G pouch and anastomose w/ anus
 - D. Ileostomy
 - E. Ileorectal bypass