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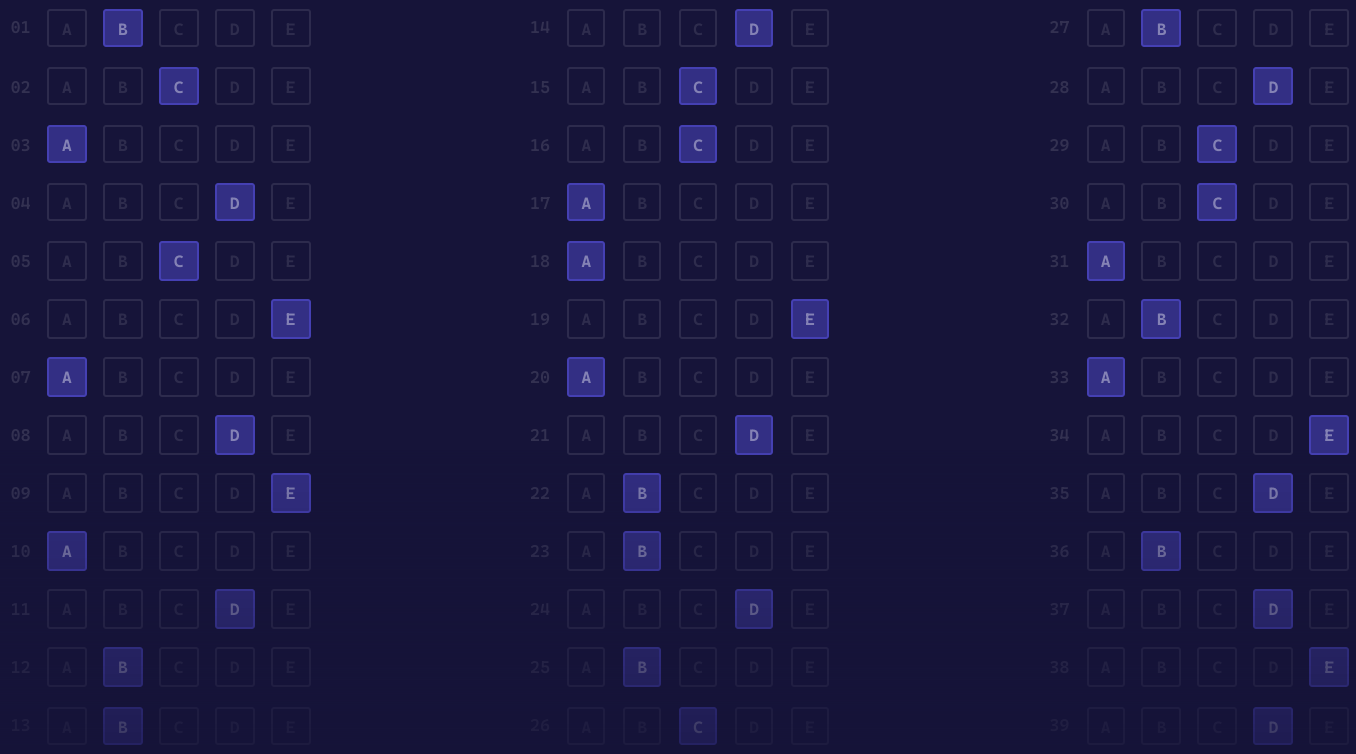

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

PLASU

Plastic Surgery

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) `PLASU`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `PLASU`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

A patient undergoes an abdominoplasty and on postoperative day 7 develops wound dehiscence at the lower abdominal transverse incision with surrounding erythema and a small amount of serous drainage. Which of the following is the most appropriate initial step in management?

A Immediately return the patient to the operating room for surgical reclosure

B Initiate broad-spectrum intravenous antibiotics and debridement in the operating room

C Perform bedside assessment, irrigate the wound, and apply appropriate dressings with close outpatient follow-up

D Begin hyperbaric oxygen therapy as the primary intervention

E Apply topical antibiotic ointment and leave the wound exposed to air

ANSWER C

WHY A small, superficial wound dehiscence without systemic signs or significant infection is best initially managed conservatively with local wound care, irrigation, appropriate dressings (e.g., wet-to-dry or negative pressure therapy depending on wound characteristics), and close follow-up. Returning to the OR is reserved for significant dehiscence, exposed deep structures, or active infection requiring debridement. Hyperbaric oxygen is not first-line for a simple dehiscence.

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QUESTION 2 SINGLE CHOICE

Which of the following flaps is classified as a fascial flap?

A Radial forearm flap

B Anterolateral thigh (ALT) flap

C Temporoparietal fascia flap

D Latissimus dorsi flap

E Deep inferior epigastric perforator (DIEP) flap

ANSWER C

WHY The temporoparietal fascia flap (also called temporoparietal fascial flap) is a well-known fascial flap based on the superficial temporal vessels. The radial forearm and ALT are fasciocutaneous flaps, the latissimus dorsi is a musculocutaneous/muscle flap, and the DIEP is a perforator flap.

QUESTION 3 SINGLE CHOICE

According to the Parkland formula, a 70 kg adult with a 40% total body surface area (TBSA) partial-thickness burn should receive how much crystalloid in the first 24 hours, and what proportion is given in the first 8 hours?

A 5,600 mL total; one-quarter in the first 8 hours

B 5,600 mL total; one-half in the first 8 hours

C 11,200 mL total; one-quarter in the first 8 hours

D 11,200 mL total; one-half in the first 8 hours

E 14,000 mL total; one-quarter in the first 8 hours

ANSWER C

WHY The Parkland formula is 4 mL × body weight (kg) × %TBSA burned, with half given in the first 8 hours (measured from the time of injury) and the remaining half over the next 16 hours. Calculation: 4 × 70 × 40 = 11,200 mL, with 5,600 mL (one-half) in the first 8 hours and 5,600 mL in the following 16 hours.

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QUESTION 4 SINGLE CHOICE

A 28-year-old patient requests reduction rhinoplasty. Intraoperatively, after dorsal hump reduction, the surgeon notes an inverted-V deformity with collapse of the internal nasal valve. The most likely cause is over-resection of which structure?

A Anterior nasal spine

B Lateral crura of the lower lateral cartilages

C Upper lateral cartilages with disruption of their attachment to the dorsal septum

D Caudal septum

E Perpendicular plate of the ethmoid

ANSWER C

WHY The inverted-V deformity results from loss of the dorsal aesthetic lines and is typically caused by over-resection of the upper lateral cartilages together with disruption of their connection to the dorsal septum (the keystone area). This compromises the internal nasal valve and produces the visible inverted-V shadow on the dorsum. Spreader grafts are commonly used to prevent or correct this.

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QUESTION 5 SINGLE CHOICE

Which vessel provides the dominant blood supply to the transverse rectus abdominis myocutaneous (TRAM) flap?

A Superior epigastric artery

B Deep inferior epigastric artery

C Superficial inferior epigastric artery

D Internal mammary artery

E Lateral circumflex femoral artery

ANSWER **B**

WHY The deep inferior epigastric artery (DIEA), a branch of the external iliac artery, is the dominant blood supply to the lower abdominal tissue and is the basis of the DIEP and the pedicled/muscle-sparing TRAM flaps. The superior epigastric artery supplies only the upper portion of the muscle. The superficial inferior epigastric artery supplies the superficial inferior epigastric (SIEA) flap.

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QUESTION 6 SINGLE CHOICE

A thumb is completely amputated at the level of the proximal phalanx. After successful replantation with revascularization, postoperative monitoring shows a pale, cool digit with slow capillary refill at 2 hours. The first bedside maneuver to differentiate arterial from venous insufficiency is:

A Measurement of transcutaneous oxygen saturation

B **Release of the nail bed for bleeding with assessment of color and refill of blood**

C Immediate re-exploration in the operating room without further testing

D Doppler ultrasound of the digital vessels

E Pringle maneuver to release the tourniquet effect

ANSWER B

WHY Releasing the nail bed (or pinprick) and observing the color and refill of the expressed blood is a quick bedside test: bright red, brisk refill suggests adequate perfusion, while dark, slow refill suggests venous congestion, and absent flow suggests arterial occlusion. This simple maneuver guides further decisions before returning to the OR. Doppler ultrasound is helpful but the nail bed assessment is the most immediate and classic bedside differentiator.

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QUESTION 7 SINGLE CHOICE

A newborn is diagnosed with a complete unilateral cleft lip and palate. Which of the following best describes the embryological basis of this anomaly?

A **Failure of fusion of the medial nasal, lateral nasal, and maxillary processes**

B Failure of fusion of the frontonasal and mandibular processes only

C Failure of neural crest cell migration into the second branchial arch

D Failure of midline fusion of the paired mandibular processes

E Failure of the secondary palate shelves to elevate but normal fusion

ANSWER **A**

WHY Cleft lip and primary palate result from failure of fusion among the medial nasal process (forming the philtrum, premaxilla, and primary palate), the lateral nasal process (forming the ala), and the maxillary process (forming the lateral upper lip and secondary palate, with the secondary palate fusing later). Failure at these junctions leads to cleft lip with or without cleft palate.

QUESTION 8 SINGLE CHOICE

Which of the following is the most important prognostic factor for localized cutaneous melanoma?

A Patient age at diagnosis

B Anatomic location of the primary lesion

C **Breslow thickness**

D Presence of ulceration only

E Serum LDH level

ANSWER **C**

WHY Breslow thickness (depth of invasion in millimeters) is the single most important prognostic factor for localized cutaneous melanoma and is the primary basis for T staging in the AJCC TNM system. Ulceration and mitotic rate are important secondary factors that modify prognosis and stage, but Breslow thickness is dominant. Serum LDH is used in staging of metastatic (M) disease, not localized disease.

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QUESTION 9 MULTIPLE CHOICE

A paraplegic patient presents with a stage IV pressure injury over the ischial tuberosity with exposed bone and chronic undermining. Appropriate components of surgical management include which of the following? (Choose two.)

A **Adequate debridement of all devitalized tissue including infected bone (osteomyelitis) before definitive coverage**

B **Use of a muscle or musculocutaneous flap (such as gluteus maximus or hamstring V-Y advancement) for durable coverage**

C Primary closure under tension without flap coverage for the fastest healing

D Postoperative sitting protocol resumed at 24 hours on the operative site

E Appropriate perioperative culture-directed antibiotics when osteomyelitis is documented

ANSWER **A · B**

WHY Definitive surgical management of stage IV pressure ulcers requires complete debridement of devitalized tissue and infected bone before durable flap coverage, typically with a local muscle or musculocutaneous flap (e.g., gluteus maximus, V-Y hamstring advancement, or tensor fasciae latae). Perioperative antibiotics targeted to culture results are used when osteomyelitis is documented. Primary closure under tension has a high recurrence rate, and sitting directly on the flap should be avoided for several weeks postoperatively.

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