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39	A	B	C	D	E

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

PDSG

Pediatric Surgery

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) PDSG , 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, PDSG
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

A newborn presents with excessive salivation and choking with first feeds. A nasogastric tube coils in the upper chest on X-ray, and gasless abdomen is noted. What is the most likely diagnosis?

- ☒ **A** Esophageal atresia without tracheoesophageal fistula
- ☐ **B** Esophageal atresia with distal tracheoesophageal fistula
- ☐ **C** H-type tracheoesophageal fistula
- ☐ **D** Congenital esophageal stenosis

ANSWER A

WHY A gasless abdomen with a coiled NG tube in the upper esophageal pouch indicates esophageal atresia without a distal fistula (pure/isolated EA), since no air can reach the stomach and bowel without a distal TEF.

QUESTION 2

SINGLE CHOICE

A term neonate with a prenatally diagnosed left congenital diaphragmatic hernia develops respiratory distress at birth. What is the most appropriate initial ventilatory strategy?

- ☐ **A** Immediate bag-mask ventilation with high pressures to fully expand both lungs
- ☒ **B** Gentle ventilation with permissive hypercapnia and avoidance of bag-mask ventilation
- ☐ **C** Immediate high-frequency oscillatory ventilation as first-line for all cases
- ☐ **D** Emergent surgical repair before any ventilatory support

ANSWER B

WHY Gentle ventilation strategies with permissive hypercapnia minimize barotrauma to hypoplastic lungs; bag-mask ventilation is avoided because it distends the intrathoracic bowel and worsens pulmonary compression. Surgery is delayed until physiologic stabilization.

QUESTION 3

SINGLE CHOICE

Which feature most reliably distinguishes gastroschisis from omphalocele?

- ☐ A Presence of a covering sac
- ☒ B Location of the defect relative to the umbilical cord
- ☐ C Presence of bowel malrotation
- ☐ D Association with prematurity

ANSWER B

WHY Gastroschisis is a paraumbilical defect (typically to the right of a normally inserted cord) without a covering sac, while omphalocele occurs at the umbilical ring with the cord inserting into the sac itself and viscera covered by a peritoneal-amniotic membrane.

QUESTION 4

SINGLE CHOICE

A 5-week-old male infant presents with non-bilious projectile vomiting after feeds and a palpable olive-shaped mass in the epigastrium. Which acid-base and electrolyte abnormality is classically expected?

- ☒ A Hypokalemic, hypochloremic metabolic alkalosis
- ☐ B Hyperkalemic metabolic acidosis
- ☐ C Hyponatremic metabolic acidosis
- ☐ D Respiratory alkalosis with normal electrolytes

ANSWER A

WHY Loss of gastric acid (HCl) and potassium from persistent vomiting in pyloric stenosis classically causes hypokalemic, hypochloremic metabolic alkalosis, requiring correction before pyloromyotomy.

QUESTION 5

SINGLE CHOICE

A previously healthy 8-month-old presents with intermittent colicky abdominal pain, drawing up of legs, and currant jelly stools. Abdominal ultrasound shows a target sign. What is the most appropriate initial management?

- ☐ A Immediate exploratory laparotomy
- ☒ B Air or hydrostatic (contrast/saline) enema reduction
- ☐ C Observation with oral rehydration only
- ☐ D Upper GI contrast series

ANSWER B

WHY In a hemodynamically stable child without signs of perforation or peritonitis, image-guided pneumatic or hydrostatic enema reduction is the first-line treatment for intussusception, with surgery reserved for failed reduction or contraindications.

QUESTION 6

SINGLE CHOICE

Which diagnostic test is considered the gold standard for confirming Hirschsprung disease?

- ☐ A Contrast enema showing a transition zone
- ☐ B Anorectal manometry showing absent rectoanal inhibitory reflex
- ☒ C Rectal suction biopsy demonstrating absence of ganglion cells with hypertrophied nerve trunks
- ☐ D Abdominal plain film showing dilated bowel loops

ANSWER C

WHY Rectal suction biopsy showing aganglionosis with hypertrophied nerve trunks and increased acetylcholinesterase activity remains the gold standard for diagnosing Hirschsprung disease.

QUESTION 7 SINGLE CHOICE

A 3-week-old infant presents with sudden onset of bilious vomiting and abdominal distension. What is the most urgent next step in management?

- ☐ A Elective upper GI contrast study within 24-48 hours
- ☒ B Emergent surgical exploration due to concern for midgut volvulus
- ☐ C Trial of nasogastric decompression and observation for 24 hours
- ☐ D Outpatient follow-up with pediatric gastroenterology

ANSWER B

WHY Bilious vomiting in a neonate is a surgical emergency until proven otherwise, as it may indicate midgut volvulus from malrotation, which can cause rapid bowel ischemia; urgent evaluation and surgical exploration are required.

QUESTION 8 MULTIPLE CHOICE

Which of the following are characteristic features supporting a diagnosis of Wilms tumor (nephroblastoma) in a young child? (Choose two.)

- ☒ A Painless abdominal mass often discovered incidentally
- ☒ B Association with aniridia and hemihypertrophy syndromes
- ☐ C Typical presentation in adolescents over age 15
- ☐ D Bilateral disease is the most common presentation

ANSWER A • B

WHY Wilms tumor classically presents as a painless abdominal mass found incidentally by a caregiver, and it is associated with syndromes including WAGR (Wilms, Aniridia, Genitourinary anomalies, Retardation) and Beckwith-Wiedemann syndrome (hemihypertrophy). It typically occurs in young children (peak 2-5 years), and most cases are unilateral.

QUESTION 9

MULTIPLE CHOICE

Which of the following are recognized indications for surgical intervention in an infant with necrotizing enterocolitis? (Choose two.)

- ☒ **A** Pneumoperitoneum on abdominal X-ray indicating bowel perforation
- ☒ **B** Clinical deterioration despite maximal medical therapy including worsening acidosis and thrombocytopenia
- ☐ **C** Mild abdominal distension that resolves with bowel rest alone
- ☐ **D** Isolated pneumatosis intestinalis without clinical worsening

ANSWER A - B

WHY Pneumoperitoneum (free air) from perforation is an absolute indication for surgery in NEC. Progressive clinical deterioration despite maximal medical management (worsening acidosis, thrombocytopenia, hemodynamic instability) is also a strong indication for surgical exploration. Isolated pneumatosis without clinical decline is managed medically.