

01	☐ A	☐ B	☐ C	☐ D	☐ E
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34	☐ A	☐ B	☐ C	☐ D	☒ E
35	☐ A	☐ B	☐ C	☒ D	☐ E
36	☐ A	☐ B	☐ C	☐ D	☒ E
37	☒ A	☐ B	☐ C	☐ D	☐ E
38	☐ A	☒ B	☐ C	☐ D	☐ E
39	☐ A	☒ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

Sharjah Health Authority (SHA)

CGNSU

Consultant General Surgery

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Sharjah Health Authority (SHA) **CGNSU**, 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, **CGNSU**
- 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 55-year-old man presents with episodic upper abdominal pain radiating to the back, weight loss, and steatorrhea. CT scan shows a mass in the head of the pancreas. Which structure is most likely being compressed, leading to his clinical presentation?

- ☐ A Superior mesenteric artery
- ☐ B Splenic vein
- ☒ C Common bile duct
- ☐ D Portal vein

ANSWER C

WHY Tumors of the pancreatic head classically compress the distal common bile duct as it passes through the head of the pancreas, causing obstructive jaundice. However, this patient's presentation includes steatorrhea and pain without jaundice mentioned. The pancreatic head mass compresses the common bile duct leading to biliary obstruction; steatorrhea results from obstruction of the pancreatic duct. The superior mesenteric artery and portal vein are retroperitoneal structures that are more commonly involved in body/tail tumors. The splenic vein runs along the superior border of the pancreas and is more associated with body/tail tumors causing splenic vein thrombosis and isolated gastric varices.

QUESTION 2

SINGLE CHOICE

A 30-year-old woman presents with right lower quadrant pain, anorexia, and a low-grade fever for 24 hours. On examination, she has localized tenderness at McBurney's point with rebound. White blood cell count is $13,500/\text{mm}^3$. What is the most appropriate next step in management?

- ☐ A Observation and outpatient follow-up
- ☒ B Appendectomy
- ☐ C CT scan of the abdomen and pelvis
- ☐ D Ultrasound of the abdomen

ANSWER B

WHY A young patient with classic clinical signs and symptoms of acute appendicitis (RLQ pain, anorexia, tenderness at McBurney's point, leukocytosis) does not require additional imaging before surgery. In cases where the clinical diagnosis is clear, prompt appendectomy is indicated to prevent perforation. CT or ultrasound is reserved for cases where the diagnosis is equivocal, particularly in women of reproductive age (to rule out gynecologic pathology), obese patients, or the elderly. Observation is inappropriate given the high risk of progression to perforation.

QUESTION 3

SINGLE CHOICE

A 60-year-old man presents with colicky right upper quadrant pain, fever, and jaundice (Charcot's triad). What is the most likely diagnosis?

- ☐ A Acute pancreatitis
- ☒ B Acute cholangitis
- ☐ C Acute cholecystitis
- ☐ D Hepatocellular carcinoma

ANSWER B

WHY Charcot's triad (fever, jaundice, and RUQ pain) is the classic presentation of acute cholangitis, which represents infection of the biliary tract, usually secondary to obstruction (commonly by stones or strictures). Reynolds' pentad adds hypotension and mental status changes. Acute cholecystitis presents with RUQ pain and fever but typically without jaundice unless there is associated choledocholithiasis or Mirizzi syndrome. Acute pancreatitis presents with epigastric pain radiating to the back.

QUESTION 4

SINGLE CHOICE

A 70-year-old man presents with sudden onset of severe abdominal pain, vomiting, and abdominal distension. He has a history of atrial fibrillation. On examination, the abdomen is diffusely tender but without peritoneal signs, and bowel sounds are absent. The most likely diagnosis is:

- ☒ **A** Acute mesenteric ischemia
- ☐ **B** Perforated peptic ulcer
- ☐ **C** Acute diverticulitis
- ☐ **D** Sigmoid volvulus

ANSWER A

WHY Acute mesenteric ischemia classically presents with 'pain out of proportion to physical examination findings'—severe abdominal pain with relatively benign abdominal exam findings initially. Risk factors include atrial fibrillation (embolic source), atherosclerosis, and low-flow states. The absence of peritoneal signs initially is characteristic; peritoneal signs develop only with transmural infarction and necrosis. Perforated peptic ulcer typically presents with sudden severe pain and rigid abdomen (peritonitis). Acute diverticulitis usually has LLQ pain. Sigmoid volvulus presents with gross abdominal distension and obstipation.

QUESTION 5

MULTIPLE CHOICE

A 45-year-old woman presents with persistent heartburn and dysphagia for 6 months despite proton pump inhibitor therapy. Which of the following are appropriate next steps in management? (Choose two.)

- ☒ **A** Upper endoscopy (EGD) with biopsies
- ☒ **B** Esophageal manometry
- ☐ **C** CT scan of the chest and abdomen
- ☐ **D** Barium swallow
- ☐ **E** Fundoplication surgery

ANSWER A - B

WHY For refractory GERD (failure of PPI therapy) and dysphagia, upper endoscopy is essential to evaluate for complications such as Barrett's esophagus, esophagitis, strictures, or malignancy. Biopsies should be taken to assess for eosinophilic esophagitis, Barrett's metaplasia, or dysplasia. Esophageal manometry is indicated to evaluate motility disorders, particularly before antireflux surgery to rule out achalasia or ineffective motility. CT scan is not a first-line investigation for uncomplicated refractory GERD. Barium swallow is not the primary diagnostic modality. Fundoplication is considered after diagnostic workup confirms refractory GERD without motility contraindications.

QUESTION 6

SINGLE CHOICE

A 25-year-old man is brought to the emergency department following a motor vehicle collision. He is hemodynamically unstable with a positive FAST scan. What is the most appropriate next step in management?

- ☐ A CT scan of the abdomen
- ☐ B Diagnostic peritoneal lavage
- ☒ C Emergency laparotomy
- ☐ D Observation with serial exams

ANSWER C

WHY A hemodynamically unstable trauma patient with a positive FAST (Focused Assessment with Sonography for Trauma) scan indicating intra-abdominal fluid (likely blood) requires immediate surgical intervention via emergency laparotomy. CT scan is reserved for hemodynamically stable patients. Diagnostic peritoneal lavage has largely been replaced by FAST in modern trauma management. Observation is contraindicated in an unstable patient with evidence of intra-abdominal hemorrhage.

QUESTION 7

SINGLE CHOICE

A 35-year-old woman presents with a discrete, firm, mobile, well-circumscribed breast mass. Fine needle aspiration shows a 'staghorn' appearance with stromal fragments. What is the most likely diagnosis?

- ☐ A Fibroadenoma
- ☒ B Phyllodes tumor
- ☐ C Ductal carcinoma in situ
- ☐ D Invasive ductal carcinoma

ANSWER B

WHY Phyllodes tumors are fibroepithelial neoplasms characterized by a 'leaf-like' (phyllodes) architecture with stromal fragments on cytology/histology. They typically present in women in their 30s-40s as rapidly growing, well-circumscribed masses. They have potential for malignant behavior and require excision with wide margins. Fibroadenomas are smaller, slower growing, and typically show stromal fragments but lack the leaf-like architecture and hypercellular stroma. DCIS and invasive ductal carcinoma have distinct cytologic features (malignant epithelial cells) without stromal fragments.

QUESTION 8

SINGLE CHOICE

A 50-year-old woman is found on routine screening mammography to have microcalcifications in a clustered distribution. Stereotactic biopsy demonstrates malignant cells confined to the ductal system with no stromal invasion. What is the diagnosis?

- ☐ A Atypical ductal hyperplasia
- ☒ B Ductal carcinoma in situ
- ☐ C Invasive ductal carcinoma
- ☐ D Lobular carcinoma in situ

ANSWER B

WHY Ductal carcinoma in situ (DCIS) is a non-invasive proliferation of malignant ductal epithelial cells confined to the ductal basement membrane, commonly detected by screening mammography as clustered microcalcifications. Atypical ductal hyperplasia involves some but not all features of DCIS and is lower volume. Invasive ductal carcinoma shows breach of the basement membrane. Lobular carcinoma in situ is typically an incidental finding without microcalcifications and is considered a risk marker rather than a true malignancy.

QUESTION 9

MULTIPLE CHOICE

Which of the following are recognized risk factors for surgical site infection (SSI)? (Choose two.)

- ☒ **A** Diabetes mellitus
- ☐ **B** Perioperative normothermia
- ☒ **C** Obesity (BMI > 30)
- ☐ **D** Appropriate antibiotic prophylaxis within 60 minutes of incision
- ☐ **E** Smoking cessation at least 4 weeks before surgery

ANSWER **A - C**

WHY Diabetes mellitus (particularly with poor glycemic control) and obesity (BMI > 30) are well-established risk factors for surgical site infection. Perioperative normothermia, appropriate antibiotic timing (within 60 minutes of incision), and smoking cessation at least 4 weeks before surgery are all evidence-based interventions that **REDUCE** the risk of SSI, not increase it. Hyperglycemia, hypothermia, and smoking are modifiable risk factors that increase SSI rates.