All questions are to be answered:

1) Enumerate the manifestations of primary varicose veins of lower limbs. Describe different options of TTT.

2) A male patient aged 50 years developed sudden severe epigastric pain after a heavy meal. He gave a history of dyspepsia especially during winter for the last 5 years. On examination there is a broad rigidity at the epigastrium. Describe the diagnosis & give the clinical picture, investigations & management.

3) A male patient aged 60 years was complaining of recurrent attacks of abdominal colic, distension & progressive constipation. How you proceed in investigating this patient and how you treat him?

4) Give the etiology, clinical picture & TTT of unilateral hydro-nephrosis.

5) A male patient aged 35 years was suffering from a reducible swelling in the right groin. Suddenly the swelling became irreducible and painful. What is the diagnosis & how you manage him?

6) Describe etiology, clinical picture, pathology of fibro-adenosis.

7) Female patient aged 30 yrs had an operation of partial thyroidectomy. On the 2nd post-operative, she developed carpo-pedal spasms. Explain the etiology, how you prove the diagnosis and how you treat this complication?

8) Give the indication^ blood transfusion and its complications.

9) Describe the complications of fractures and their TTT.

10) Describe clinical picture of cutting the ulnar nerve at the wrist.

NOVEMBER 2001
All questions are to be answered.

1) An active male patient aged 56 years complained of gradual onset of painful back discoloration of the left big toe. He is diabetic and suffers from hypertension.

-Describe how you verify the diagnosis and treat him.

2) Describe the causes, clinical picture & TTT of intussusception.

3) A female patient aged 35 years was complaining of clear discharge from the left nipple. On examination there was swelling of the left breast which is not felt by flat of the hand.

-Describe how do you proceed in management of this patient?

4) Discuss the management of supracondylar fracture of the humerus in children and enumerate its complications.

5) A male patient aged 50 years was admitted to the hospital with dramatic onset of sudden severe pain in the epigastrium following a heavy meal. He gave a past history of pain after meals by an hour in autumn during the last 2 years.

Describe how you reach the diagnosis & TTT.

6) Describe the etiology, clinical picture & TTT of anal fissure.

7) A young male patient aged 25 years received trauma to his head, he suffered immediate loss of consciousness for few minutes and then recovered completely. He went home where he started gradual stupor & twitches in the RT. Upper limb. Could you describe the management?

8) Describe the different methods of TTT of 1ry thyro-toxicosis.

9) A male patient aged 60 years suffered from severe pain, inability to miciturate with intense desire in a cold night. He was admitted to the hospital in an emergency. He gave a history of frequency D/N of 4/6 with a weak stream Describe how you manage him?

10) Describe etiology, clinical pic type of Hypovolemic shock.
DECEMBER 2002

Write short notes on 10 only of the following:

1) Management of Solitary thyroid nodule.
2) DD of bleeding per nipple.
3) Clinical features of Hypovolemia shock.
4) Diagnosis & TTT. of Colle's fracture.
5) Complication of gall bladder stones.
6) DD anal pain.
7) Diagnosis & TTT of Hypernephroma.
8) Clinical picture of arterial embolism.
9) Diagnosis & TTT of cancer head of pancreas.
10) Diagnosis & TTT of extradural hemorrhage.
11) Types & TTT of pneumothorax.
12) Methods of covering skin defect.

SEPTEMBER 2003

Write short account on the following:

1) Discuss complication of acute appendicitis and their management.
2) TTT. of bleeding esophygeal varices.
3) Hirschprung's disease.
4) D.D of mass in the left hypochondrium.
5) Complication of supracondylar fracture humerus in children.
6) Acute retention of urine.
7) Cardiac arrest.
8) D.D of mass in middle line of neck.
9) CP of ulnar nerve injury at wrist.
10) Diagnosis and ttt of DVT of lower limbs.
Write a short account on 10 questions only
3) Complications of supra-condylar nature.
4) Management of ileo-caecal intussusception.
5) Complications of-gal I stones.
6) Cancer tongue, diagnosis, treatment & prognosis.
7) Testicular torsion etiology, diagnosis & treatment.
8) Management of acute breast abscess.
9) Rupture Kidney, clinical presentation, treatment & follow up management.
10) GERD, clinical presentation & manage
11) DD of swelling in the midline of the neck.
12) DD of mass in the right iliac fossa.

MAY 2005

Write short account on 10 only of the following:
1) Management of thyroid neoplasm.
2) Sebaceous cyst " pathology and management "
3) Complication of oblique inguinal hernia.
4) D.D of breast masses.
5) Mickle's diverticulum" pathology and management
6) Appendicular abscess " pathology and CP "
7) MANAGEMENT OF sigmoid colon volvulus.
8) D.D of obstructive jaundice
9) Management of acute retention of urine
10) D.D of hematuria.
11) Cole's fracture
12) Management of extra dural hematoma.

DECEMBER 2005

Write short account on 10 only of the following:

1) Diagnosis and ttt of solitary thyroid nodule.
2) Carcinoma of-breast, diagnosis and ttt.
3) Extra dural hematoma, diagnosis and ttt.
4) Fracture neck femur, diagnosis and ttt.
5) Bums assessment and ttt.
6) Diagnosis and ttt of acute pancreatitis.
7) Diagnosis and ttt of generalized peritonitis.
8) Empyema thoracica diagnosis and ttt.
9) Hyper-nephroma, diagnosis and ttt.
10) Diagnosis and ttt of chronic ischemia in lower limb
11) D.D of scrotal swellings.
12) D.D of swelling in sub-mandibular triangle.
NOVEMBER 2007

1) A 65-year-old presented with abdominal pain, vomiting and distension. His symptoms had started 5 months earlier when he developed progressive constipation and he had to take increasing doses of laxative to overcome. General examination was un-markable. The local examination revealed abdominal distension and exaggerated intestinal sounds.

   a) What is the possible diagnosis?
   b) What are the investigations required?
   c) What are the surgical options which can be used?

2) A 50-year-old female presented with accidentally discovered mass of upper cuter quadrant at her left breast 2 cm in diameter, this mass was hard with ill-defined borders. Ipsilateral lymph nodes were palpable and mobile. No other swellings can be detected by clinical examination.

   a) What is the possible diagnosis?
   b) What are the investigations required to confirm the diagnosis to help staging and to plan the treatment?
   c) What are the options to treat this patient? (30 marks)

3) Investigation and treatment of circular obstructive jaundice (30 marks)

4) Complications of supracondylar fracture (30 marks)

5) Diagnosis of extradural hemorrhage (20 marks)

6) DD of mass in the lateral side of the neck (20 marks)

7) Causes and Investigation of a case of haematuria. (20 marks)

8) Types and management of haemangioma (20 marks)
1) A 25 year-old male presented with colicky abdomen pain started around the umbilicus then shifted to right iliac fossa , pain increased over the next 6 hours & the patient started to vomit. Local examination revealed abdominal distention, tenderness and rebound tenderness maximal in rt. iliac fossa. Also a firm tenderness was felt at that site. Intestinal sound was sluggish
   a) What is the possible diagnosis
   b) What is your differential diagnosis?
   c) What are the investigations required?
   d) What is your suggested ttt.?

2) A 35 year-old female presented with accidently discovered swelling of the front of neck of few months duration. The swelling was slowly increasing in size. She didn’t receive any treatment. General examination was unremarkable:
   On local exam. there was a solitary swelling moving with deglutition. The swelling was neither tender nor pulsating
   a) What is the possible diagnosis?
   b) What are the investigations to reach the diagnosis?
   c) What is your suggested treatment?

3) Clinical picture and complications of Colle’s fracture

4) Causes and investigation a case of bleeding per rectum.

5) Management of melanoma.

6) Causes and clinical picture and treatment of radial nerve injury at the arm(25)

1) Discuss:

   a) Cystic hygroma.
   b) branchial fistula.

2) Complications of treatment of:

   a) Colle's fracture.
   b) Fracture neck of femur.

3) Diagnosis and treatment of:

   a) Radial nerve injury at the arm.
   b) Neurofibromatosis

4) Investigations, complications and treat of acute cholycystitis.

5) Complications investigations, manage of acute appendicitis.

6) A 24 y old man had a penetrating injury with knife at his rt. intercostal space at anterior axillary line, he arrived at the hospital with severe dyspnea, on examination his trachea was shifted to the lt. he had limited movement on his right side of chest. On percussion he had hyper-resonance at the right side of chest till 6th space and dullness below that level, No respiratory sounds are heard on the right side of the chest & abdomen was free.

   a) What is your diagnosis?
   b) What is your urgent investigation you need?
   c) What is the ttt. and your follow up?

7) A 65 yr. male had urinary frequency and dippling urine after a weak stream since 6 M. he had 2 attacks of urinary retention that was relieved .by catheterization. He developed localized pain and tenderness on his lumber vertebrae.

   a) What is your diagnosis and DD?
   b) What are investigations and lines of treatment according to your diagnosis?
8) A 36 y female with A.F and valvular heart disease. After control of A.F with digoxin, she developed severe pain in her Rt lower limb, she described the pain as a shot in the groin. Her right lower limb was pale, cold and no pulsations were felt. This condition started 3 hours ago.

Discuss the possible diagnosis, investigation and TTT.

JUNE 2009

1) A 20 yr. old male was involved in motor car accident. He felt severe pain in his left thigh, hematoma above the knee. He also felt coldness over his left leg & foot with bluish discoloration of the foot. In the hospital he had severe tenderness in his left thigh above the knee with deformity & inability to move the knee. The left foot was cold & cyanosed with no palpable pedal pulsation.

a) What is possible diagnosis?
b) How to investigate this patient?

8) A newly born infant is presented with repeated attacks of non-bilious vomiting, on examination there was a palpable mass in the right hypochondrim.

a) what is your diagnosis and possible differential
b) How to investigate this patient?
c) what are the possible lines of ttt of this
d) Discuss the lines of ttt of this patient?

9) Discuss causes & investigation of obstructive jaundice.


11) Discuss types & management of meningocele.

12) Discuss cause & management of hemo-thorax.


14) Discuss causes, clinical picture& investigation of hydro-nephrosis.
Gynecology & Obstetrics
SEPTEMBER 2000

All questions are to be answered:

Write short notes on the following:

1) Complications of accidental hemorrhage.
2) Describe the Eclamptic fits and its complication.
3) Tile neonate of diabetic mother.
4) Compilation of episiotomy,
5) Secondary postpartum hemorrhage.
6) Vulvo-vaginitis of children.
7) Benign cystic teratoma (Dermoid cyst) of the ovary.
8) Side effects of the COC pills.
9) Complete perineal tear.
10) Hyper-prolactinaemia.

FEBRUARY 2001

Write short notes on:

1) Diagnosis and management of cancer cervix. (30 marks)
2) Lymphatic drainage of the cervix, (10 marks)
3) Embryology of the ovary (10 marks)
4) Types of urinary incontinence (10 marks)
5) Contraception during lactation (10 marks)
6) Clinical picture of EPH Gostosis pre eclampsia (10 marks)
7) Medical causes of repeated abortion (10 marks)
8) Causes of macrosomia (10 marks)
9) Retained placenta (10 marks)
10) Management of deep transverse arrest. (10 marks)
FEBRUARY 2002

1) Respiratory distress syndrome of the newborn
2) Puerperal pyrexia.
3) Iron deficiency anemia with pregnancy.
4) Treatment of eclamptic fits.
5) Traumatic postpartum hemorrhage. Causes and management of transverse
6) Diagnosis and management of acutely disturbed ectopic pregnancy.
7) Diagnosis of anovulation. Contraindications of hormonal contraception.
8) Diagnosis and treatment of genital Chlamydial infection.
9) Benign cystic teratoma of the ovary. (dermoid cyst of the ovary).
10) Management of post-menopausal bleeding.
11) Investigations of true urinary incontinence.
12) Anatomy of the vagina.
13) Old perineal tear.

SEPTEMBER 2002

Give short account on:

1) Investigations of tubal factor in case of infertility (10 marks)
2) Diagnosis and treatment of monilial-vulvo- vaginitis (10 marks)
3) Causes and treatment of atonic postpartum hemorrhage (10 marks)
4) Describe the eclamptic fit and mention its treatment (10 marks)
5) Side effects of combined oral contraceptive pills (10 marks)
6) Causes and management of transverse lie (10 marks)
7) Neonatal asphyxia. (10 marks)
8) Missed abortion (10 marks)
9) Diagnosis and treatment of vesico-vaginal fistula (10 marks)
DECEMBER 2002

Write short notes on:
1) Puerperal pyrexia.
2) Diagnosis and management of ectopic pregnancy.
3) Missed abortion.
4) Complications of accidental hemorrhage.
5) Types, complications, indications of episiotomy.
6) Causes of postmenopausal bleeding.
7) Vaginal candidiasis.
8) Side effects of combined oral contraceptives pills.
9) Investigations of tubal factor in infertility.
10) Complications of D & C operations.

DECEMBER 2003

ALL QUESTIONS ARE TO BE ANSWERED:
1) Diagnosis and ttt of atonic PP Hge.
2) Diagnosis and outlines of ttt of PCO
3) Diagnosis and ttt of eclamptic fits
4) TYPES AND TTT of precious puberty.
5) Causes, diagnosis and outlines
6) Diagnosis and outlines of IUFD.
7) Diagnosis & TTT. of endometrial carcinoma
8) Diagnosis and ttt of puerperal sepsis.
9) Diagnosis and ttt of monillal & trichomial vaginitis.

SEPTEMBER 2003

1) Complications of Accidental hemorrhage.
2) Diagnosis & management of acutely disturbed ectopic pregnancy.
3) Side effects of IUCDs.
4) Diagnosis and management of Itchy vaginal discharge in a woman in a child bearing period.
5) Biophysical profile.
6) Hyperemesis Gravidarum.
7) Eclamptic fits.

SEPTEMBER 2004

ALL QUESTIONS ARE TO BE ANSWERED:
1) Discuss microbial vulvo-vaginitis during childbearing period.
2) Discuss postmenopausal bleeding (causes, diagnosis & outline the treatment).
3) Mention types of hormonal contraception & their advantages & disadvantages.
4) Gonadotropin releasing hormones.
5) Diagnosis of ovulation.
6) Describe the clinical types of spontaneous abortion & the treatment of each.
7) Define preterm birth (labor) & mention the causes & treatment of established case.
8) Criteria of severity of preeclampsia.
9) Fetal & neonatal complications of diabetic pregnancy.
10) Complications of twin pregnancy.
11) Puerperal pyrexia.

DECEMBER 2004

1) Respiratory distress syndrome of newborn.
2) Causes of post partum hemorrhage.
3) Acutely disturbed ectopic pregnancy.
4) Puerperal pyrexia.
5) Complications of IUCDs.
6) Diagnosis of PCO.
7) Diagnosis and treatment of genital Chlamydia trachomates.
8) Compilations of ovarian cysts.

MAY 2005

WRITE SHORT NOTES ON:
1) Diagnosis and management of threatened abortion.
2) Causes of Puerperal pyrexia.
3) Symptoms and signs of preeclampsia and outline the treatment.
4) Types, indications and complications of episiotomy.
5) Infant of diabetic mother, clinical features and liable complications.
6) Contraindications and complications of the combined oral contraceptive pills.
7) Induction of ovulation.
8) Complications and treatment of genital chlamydial infection in female genital tract.
9) Enumerate types and treatment of female genital prolapse.
10) Dermoid cyst of the ovary.
DECEMBER 2005

ALL QUESTIONS ARE TO BE ANSWERED:

1) Diagnosis and ttt of PCO
2) Diagnosis of uterine fibrosis & outline the treatment " no operative details"
3) Bacterial vaginosis “gardenella vaginalis" and mention its complication
4) Recurrent" habitual" abortion: causes, diagnosis and ttt
5) Preclampsia: definition, clinical picture, criteria of severity & complications
6) Atonic post partum He.

JUNE 2006

WRITE SHORT NOTES ON:

1) Diagnosis and treatment of acute PED.
2) Hyper-prolactinemia.
3) Causes and management of post-menopausal bleeding.
4) Methods of placental separation & management of 3rd stage of labor.
5) Diagnosis and treatment of placenta prervia.
6) Treatment of cases with established diagnosis of preterm labor

SEPTEMBER 2006

1) Diagnosis and treatment of missed abortion.
2) Treatment of eclampsia.
3) Causes of pre-mature labor..
4) Diagnosis of twin pregnancy.
5) Causes of postpartum hemorrhage.
6) Diagnosis of pelvic inflammatory disease.
7) Diagnosis of cervical intraepithelial neoplasia.
8) Complications of fibroid uterus.
9) Contraindications of IUCDs.
10) Management of normal menopause.

DECEMBER 2006

WRITE SHORT NOTES ON:
1) Intrauterine growth retardation.
2) Complications of accidental hemorrhage.
3) Oral contraceptive pills.
4) Diagnosis and treatment of pelvic endometriosis.

ENUMERATE:
1) Predisposing conditions for luteal phase defect.
3) Indications of amniocentesis.
4) Causes of preterm labor.

JUNE 2007

WRITE SHORT NOTES ON:
1) Macrosomia. (definition, risk factors, complications diagnosis & treatment)
2) Uterine stimulants (oxytocin, prostaglandins & ergotamine)
3) Cervical intraepithelial neoplasia. (risk factors, diagnosis and treatment)
4) Secondary amenorrhea. (causes & investigations)

ENUMERATE:
1) Causes of 2nd postpartum hemorrhage.
2) Causes of Polyhydraminos
3) Contraindications and complications of hystero-salpingography

Answer the following questions: (20 marks each)

1) A 45 year-old woman p3+1 presented complaining of sero-sanguinous vaginal discharge for two months duration.
   a) What are the further points important in the history of this patient?
   b) What is your DD and how to investigate for this problem?
   c) Discuss your further management.

2) A 32-years-old nursing woman, she had a IUCD, presents with lower abdominal pain and spotting for a couple of weeks after 3 months of absent menstrual flow.
   a) What are the possible causes of this presentation?
   b) What are the investigations that could help to reach the diagnosis?
   c) How would you act to manage?

Write short notes on: (20 marks each)

1) Pharmacology of female contraception
2) Tocolytics

Enumerate: (10 marks each)

1) Causes of endometrial polyps.
2) Causes of disordered puberty.
3) Causes of secondary postpartum hemorrhage.
4) Fetal birth injuries.

DECEMBER 2008

1) In the obstetrics reception room. The ambulance brought a 36 years old pars 4 woman, with fetal buttocks, body and arms coming out of the vulva, the general condition of the mother
showed temperature 37.8°C, pulse 110 beats/minute.

a) What are the possible causes?

b) Discuss the management of such.

2) A non-pregnant 26 years old presented to outpatient clinic with missed period for last 10 weeks, with on examination milky discharge was coming out of her nipples

a) Discuss the DD.

b) Discuss the management.

Write short notes on the following

a) Management of eclamptic fits (20 marks)

b) Contraception for a newly married couple (20 marks)

Enumerate (each is 10 marks)

a) Causes of urinary incontinence in female, (five causes)

b) Methods of early detection of genital malignancy. (5 methods)

c) Causes of puerperal pyrexia (5 methods)

d) Causes of non-engagement of the head in the last 2 weeks of pregnancy in a primigravida. (5 causes)

JANUARY 2009

A 29-year-old G3 P2 at 38 weeks' gestation had a myomectomy 3 years previously. She was admitted to the delivery room because of spontaneous onset of labor and while pushing during the 2nd stage of labor, she is noted to have fetal bradycardia associated with some vaginal bleeding. Then the fetal head which was at +2 station is noted now to be at -3 station (recession of the presenting part). Then on abdominal palpation the fetal parts were easily felt and the fetal heart sounds were not audible.

a) What is the most likely diagnosis?

b) Discuss the immediate steps in the management.

c) What are the possible lines of treatment for this patient?

d) How to avoid such problem?

2. A 30-year-old nulli-gravida married for 3 years C/O 1ry infertility. She presented now with constant, deep, pelvic pain for 3 months.
The pain worsens during menstruation. Her LMP was 1wk. ago. Vital signs are within normal. Abdominal examination elicits bilateral lower quadrant tenderness without rebound. Pelvic examination demonstrates a tender 6 cm left adnexal mass and fixation of the uterus and utero-sacral ligaments. Lab data are hematocrit, 40% (normal, 35 to 45%); white blood count, 7000/mL (normal, 3 to 10000/mL); and serum pregnancy test, negative. Trans-vaginal U/S shows a 6 cm echogenic left adnexal mass. The uterus and the right adnexum are felt normal.

a) What is the most likely diagnosis?
b) Discuss the DD.
c) Discuss the relevant investigations.
d) What are the possible treatment for this patient?

3. Write an essay on Diagnosis and the complications of multiple pregnancy.

4. Write an essay on the complications and the management of pre-eclampsia.

5. Write an essay on the complications and the management of fibroid.