Q.1 What are the clinical use of following antiseptics:
   a) Chlorhexidine.  1
   b) Povidone-Iodine.  1
   c) Alcohols and hypochlorites.  1


KEY:

a) Chlorhexidine:
   i. Skin preparation (0.5% alcoholic).
   ii. Surgical scrub, in dilute solution for open wound (4% aqueous).

b) Povidone-Iodine:
   i. Skin preparation (1% Alcoholic).
   ii. Surgical scrubs in dilute solution for open wound (7.5% aqueous).

c) Alcohols and Hypochlorites:
   i. Skin preparation
   ii. Instruments and surface cleaning.

Q.2 What is CELLULITIS and systemic signs of cellulitis?


KEY:

This is the Non-Suppurative Invasive Infection of Tissues.

Systemic Signs:
- Systemic inflammatory response syndrome
- Fever and rigor.
These are due to release of endotoxin and cytokines but blood culture are negative.

Q.3  What are the risk factors for Increase Wound Infection?  3


KEY:

Risk Factors for Wound Infection:
- Malnutrition – Obesity, Weight loss.  ½
- Metabolic – Diabetes mellitus, Uraemia, Jaundice.  ½
- Immunosuppresion – Cancer, AIDS, Steroids, Chemotherapy, Radiotherapy.  ½
- Colonization and Translocation in GIT.  ½
- Poor perfusion (systemic shock or local ischemia).  ½
- Foreign body material.
- Poor surgical technique. Dead space, Haematoma.  ½

Reference: Bailey and Love, 23rd Edition, Page 95, Table 7.5
Q.4 Name the causative agents of the following infectious diseases:

a) AIDS.
b) Tetnus.
c) Gas Gangrene.
d) Syphilis.
e) Oral Candidiasis.
f) T.B.


KEY:

a) Human Immunodeficiency Virus. ½
b) Clostridium tetni. ½
c) Clostridia welchi. ½
d) Treponema palladium. ½
e) Candidia albican. ½
f) Mycobacterium tuberculi. ½

Q.5  A 20 year male got trauma to leg 2 days ago. Now he developed sever pain, pyrexia, foul smelling discharge from wound which is very tender and shows crepitus on touch.

a) What is diagnosis?  1
b) What is treatment?  2


KEY:

Diagnosis:  1
Gas gangrene due to clostridia welchi.

Treatment:  2
- Maximum dose of benzyl pencilline (2-4 g/ 4 hours).
Or Clindaymcin or metronidazole.
- Blood transfusion.
- Exposure of all the muscles by incision and removal of dead tissue.
- Hyperhonic oxygen.

Q.6 What is NECROTISING FASCITIS?  
   -Etiological factors.  
   -Treatment.  


KEY:

Definition:  
Destructive Invasive Infection of skin, subcutaneous tissue and deep fascia with relative sporing of muscles.

Etiological Factors:  
Polymicrobial involving, synergistic combination of anaerobes and facultative species such as Coliform or Non-group A streptococci or Monomicrobial group A Beta-hemolytica streptococci.

Treatment:  
Wide surgical excision of all affected s of tissue.  
Antibiotic and suppurative treatment is also given.  
Mortality is high, if surgical treatment is delayed or insufficient.

Q.7 A nil by mouth patient after abdominal surgery develops tender, red, painful parotid swelling with fever and regional lymphadenopathy.

    a) What is your diagnosis? 1
    b) Causative factor. 1
    c) Management. 1

**Topic Specification:** Bacterial Infection of Salivary Gland.

**KEY:**

**Diagnosis:**
Acute Bacterial Parotitis.

**Causative Factor:**
Staph aureus.
Strep viridans.

**Management:**
Culture saliva from duct orifice.
-Start antibiotics.
-Never perform sialography.
-Refer for surgical drainage of gland become fluctuant.
-Encourage fluid intake.
-Sialography following recovery to assess salivary function.

Q.8 A middle aged lady having prolong history of joint pain in hands, presents with dryness of eyes and dryness of mouth.

a) What is your diagnosis? 1

b) What are the investigations you will undertake? 2

**Topic Specification:** Sjogren’s syndrome, Oral and Maxillofacial Pathology

**KEY:**

**Diagnosis:**

SJOGREN’S SYNDROME. 1

**Investigation:**

- Sialography. 2
- Labial salivary gland biopsy.
- Vital staining of cornea with ROSE BENGAL and slit lamp examination.
- Auto-antibody screening.
- ESR and Hgb.

Q.9 A 25 year old patient after thyroid surgery developed carpopedal spasm and numbness.
   a) What is your diagnosis? 1
   b) What is the treatment? 2


KEY:

Diagnosis: 1
Hypo-parathyroidism due to its ischemia resulting in Hypo-calcemia.

Treatment: 2
10-20 ml of 10% calcium gluconate soln. intravenous immediately.

Long Term.
Oral 1, 25 dihydrochole calciferol.

Q.10 What are the causes of CERVICAL LYMPHADENOPATHY? 3


KEY:

Causes of Cervical Lymphadenopathy:

1. Inflammatory:
   Reactive hyperplasia.

2. Infective:
   Viral: - Infectious mononucleosis.
      - HIV
   Bacterial: - Streptococcus.
      - Staphylococcus.
      - Actinomycosis.
      - T.B.
      - Bancellosia.
   Protozoal: - Toxoplasmosis.

3. Neoplastic:
   Malignant.
   Primary: Lymphoma.
   Secondary: Metastasis, Squamous Cell Carcinoma.

Q.11 A 35 year old female underwent sub-total thyroidectomy, she developed respiratory obstruction in recovery room. What can be the possible cause? 


KEY:

Causes of Respiratory Obstruction:
After S.T.T in recovery room;
- Collapse or kink of trachea.
- Laryngeal edema.
- Secretion in airway due to poor recovery from anesthesia.
- Bilateral recurrent laryngeal nerve damage.

Q.12 A 20 year old anxious female has pulse rate 126/min, sweating, weight loss, exopthalmos and diffuse swelling in front of her neck which moves on swallowing.

a) Diagnosis? 1
b) Name the investigations for diagnosis and treatment? 2


KEY:

Diagnosis: 1
Hyperthyroidism (Grave’s Disease).

Investigation: 1
- $T_3$, $T_4$, TSH.
- Thyroid scan.
- Thyroid antibodies.

Treatment: 1
- Anti-Thyroid drugs.
- Surgery.
- Radio-Active iodine.

Q.13 There is a breaking news that there is suicidal bomb blast at a Public Meeting in Lahore, you are working as Member of Trauma Team. Enumerate different ways to manage airway at the scene and emergency department.

Topic Specification: Trauma Care.

KEY:

- Cleaning solid material from mouth and pharynx with finger. ½
- Suction of secretion and fluid from oral cavity. ½
- Airway patency is ensured by chin lift or jaw thurst maneuvers. ½
- Inserting oropharyngeal or nasopharyngeal airway. ½
- Endo-tracheal intubation. ½
- Crico-thyroidotomy: Needle cricothyroidotomy for children under 12 year. ½
- Tracheostomy.

Q.14 A 50 year old male patient with H/O ulcerative lesion over the ventral surface of tongue for 1½ year, 2.5 cm in size with everted margins which bleeds easily on touching. He is heavy smoker for 25 years.

a) What is diagnostic investigation of choice? 1
b) Treatment for the patient. 2


**KEY:**

A clinical diagnosis of oral cavity should always be confirmed by Histologically and in our case, it should be edge biopsy under local anesthesia.

Any tongue lesion carcinoma 2 cm in diameter requires at the very least a Hemiglossectomy.

Many of such lesion infiltrate deeply in muscles, under such conditions major resection is indicated.

Q.15 A 55 year old male presents with lump in left parotid gland with weakness of ipsilateral face and overlying skin is normal.

a) What are the investigations for diagnosis? 1
b) Treatment of the case? 2

**Topic Specification:** Oral and Maxillofacial Pathology.

**KEY:**

**Diagnosis:**
For parotid and sub-mandibular tumour CT and MRI are most helpful techniques.
These show site, benign or diffuse, invasive and malignant, swelling and anatomy of surrounding structures.
Open surgical biopsy of intrinsic neoplasm of the major gland is absolutely contra-indicated because of spread and chance of recurrence.

**Treatment:**
For any parotid tumour with skin involvement, VII Nerve Palsy Treatment. Radicle resection of the parotid gland followed by postoperative radical radiotherapy.