

BDS THIRD PROFESSIONAL EXAMINATION 2007
GENERAL SURGERY
Model Paper (SEQs)

Total No. of SEQs: 15

Total Marks: 45

Time 2 hours 15 min.

Note: 3 Marks for each question.

Q.1 What are the clinical use of following antiseptics:

- | | |
|--------------------------------|---|
| a) Chlorhexidine. | 1 |
| b) Povidone-Iodine. | 1 |
| c) Alcohols and hypochlorites. | 1 |

Topic Specification: Surgical Infections.

KEY:

- | | |
|---|---|
| a) <u>Chlorhexidine:</u> | 1 |
| i. Skin preparation (0.5% alcoholic). | |
| ii. Surgical scrub, in dilute solution for open wound (4% aqueous). | |
| b) <u>Povidone-Iodine:</u> | 1 |
| i. Skin preparation (1% Alcoholic). | |
| ii. Surgical scrubs in dilute solution for open wound (7.5% aqueous). | |
| c) <u>Alcohols and Hypochlorites:</u> | 1 |
| i. Skin preparation | |
| ii. Instruments and surface cleaning. | |

**Reference: Antiseptics, Bailey and Love, 23rd Edition, Page 95,
Table 7.5**

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Q.2 What is CELLULITIS and systemic signs of cellulitis? 3

Topic Specification: Surgical Infections.

KEY:

This is the Non-Suppurative Invasive Infection of Tissues. 1

Systemic Signs: 2

- Systemic inflammatory response syndrome
- Fever and rigor.

These are due to release of endotoxin and cytokines but blood culture are negative.

Reference: Bailey and Love, 23rd Edition, Page 90.

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

Topic Specification: Surgical Infections.

KEY:

Risk Factors for Wound Infection:

- Malnutrition – Obesity, Weight loss. 1/2
- Metabolic – Diabetes mellitus, Uraemia, Jaundice. 1/2
- Immunosuppression – Cancer, AIDS, Steroids, Chemotherapy, Radiotherapy. 1/2
- Colonization and Translocation in GIT. 1/2
- Poor perfusion (systemic shock or local ischemia). 1/2
- Foreign body material.
- Poor surgical technique. Dead space, Haematoma. 1/2

Reference: Bailey and Love, 23rd Edition, Page 95, Table 7.5

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Q.4 Name the causative agents of the following infectious diseases:

3

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

Topic Specification: Specific Infections.

KEY:

- | | |
|----------------------------------|-----|
| a) Human Immunodeficiency Virus. | 1/2 |
| b) Clostridium tetni. | 1/2 |
| c) Clostridia welchi. | 1/2 |
| d) Treponema palladium. | 1/2 |
| e) Candidia albican. | 1/2 |
| f) Mycobacterium tuberculi. | 1/2 |

**Reference: Specific Infections, Bailey and Love, 23rd Edition,
Page 98.**

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- 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

Topic Specification: Specific Infection 'Gas Gangrene'.

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 otygen.

Reference: Bailey and Love, 23rd Edition, Page 100.

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Q.6	What is NECROTISING FASCITIS?	1
	-Etiological factors.	1
	-Treatment.	1

Topic Specification: Infection.

KEY:

Definition: 1
Destructive Invasive Infection of skin, subcutaneous tissue and deep fascia with relative sparing of muscles.

Etiological Factors: 1
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: 1
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.

Reference: Bailey and Love, 23rd Edition, Page 171 & 172.

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- Q.7 A nil by month 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: 1
 Acute Bacterial Parotitis.

Causative Factor: 1
 Staph aureus.
 Strep viridans.

Management: 1
 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.

Reference: Bailey and Love, 23rd Edition, Page 653.

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- 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: 1
SJOGREN'S SYNDROME.

Investigation: 2

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

Reference: Bailey and Love, 23rd Edition, Page 661.

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- 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 |

Topic Specification: Neck Pathology, Parathyroid Gland.

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.

Reference: Bailey and Love, 23rd Edition, Page 735.

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

Topic Specification: Neck Pathology.

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.

Reference: Neck Pathology, Bailey and Love, 23rd Edition, Page 704.

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Q.11 A 35 year old female underwent sub-total thyriodectomy, she developed respiratory obstruction in recovery room. What can be the possible cause? 3

Topic Specification: Neck Pathology.

KEY:

Causes of Respiratory Obstruction: 3

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.

Reference: Bailey and Love, 23rd Edition, Page 743.

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- Q.12 A 20 year old anxious female has pulse rate 126/min, sweating, weight loss, exophthalmos and diffuse swelling in front of her neck which moves on swallowing.
- a) Diagnosis? 1
- b) Name the investigations for diagnosis and treatment? 2

Topic Specification: Neck Pathology.

KEY:

Diagnosis: 1
Hyperthyroidism (Grave's Disease).

Investigation: 1

- T₃, T₄, TSH.
- Thyroid scan.
- Thyroid antibodies.

Treatment: 1

- Anti-Thyroid drugs.
- Surgery.
- Radio-Active iodine.

Reference: Bailey and Love, 23rd Edition, Page 721.

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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. 3

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 thrust maneuvers. ½
- Inserting oropharyngeal or nasopharyngeal airway. ½
- Endo-tracheal intubation. ½
- Crico-thyroidotomy: Needle cricothyroidotomy for children under 12 year. ½
- Tracheostomy.

Reference: Bailey and Love, 23rd Edition, Page 273.

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- 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

Topic Specification: Oral and Maxillofacial Pathology.

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. 1

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

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

Reference: Bailey and Love, 23rd Edition, Page 640, 642, 645.

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- 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: 1

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: 2

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

Reference: Oral and Maxillofacial Pathology, Bailey and Love, 23rd Edition, Page 476.