

Quick-Fire: 50 Questions in General Surgery Part III

B Phillips

Citation

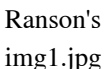
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Abstract

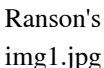
50 questions and answers from the field of general surgery are presented to train surgical residents.

QUESTIONS

1. Which one carries a better prognosis, EDH or SDH ?
2. When do you elevate table fractures of the skull ? (and why ?)
3. What is the significance to "sulfur granules" ?
4. What is the most common skin manifestation in HIV patients ?
5. You're a surgeon ... name 2 spirochetes ?
6. Which space-occupying lesion is the most common in HIV ?
7. Does endoscopic banding work for gastric varices ?
8. What is Grave's Disease ?
9. How do you treat duodenal atresia ?
10. How do you diagnose and treat malrotation ?
11. When would you want to keep a PDA open ?
12. What do you administer to close a PDA ?
13. Will Positive Pressure Ventilation, by itself, increase or decrease CVP ?
14. Where do you place a Greenfield filter for lower extremity DVT ?
15. What level corresponds radiographically to the renal veins ?
16. What are Ranson's Criteria at 48 hours ?
17. What chromosome is responsible for MEN-II ?
18. What is the primary effect of heparin ?
19. What is the clinical significance of a negative D-dimer ?
20. What is the normal SvO₂ ? (and what PO₂ does it correspond to ?)
21. What are the three reasons for a marginal ulcer ?
22. What is the most objective measure of a true compartment syndrome ?
23. What are the three zones of the neck ?
24. What is the maximal height you should raise the barium column when trying to reduce an intussusception ?
25. What are the Class I antigens ? (and what cells are they found on ?)
26. What is Milroy's Disease ?
27. What does OKT3 target ?
28. What is the usual maximal-preservation time in UW solution for the following organs: Kidneys ?Pancreas ?Liver ?Heart / Lungs / Small Bowel ?
29. How do you repair ureteral transection ?
30. How do you treat CMV ?
31. What causes "dimpling" of the skin in breast cancer ?
32. What is the breast bud ?
33. How do you treat a Phylloides Tumor ?
34. What is Cushing's Syndrome ?

35. What is Paget's Disease of the breast ?
36. What defines Stage I breast cancer ?
37. What drug can be administered in an attempt to relieve a colonic pseudo-obstruction ?
38. How do you treat a Type IV Gastric Ulcer ?
39. Which form of Barret's esophagitis has malignant potential ?
40. How do you treat a Stage II breast cancer ?
41. How do you diagnose and treat inflammatory breast cancer ?
42. What causes early-dumping ? (how do you treat it ?)
43. What causes late-dumping ? (how do you treat it ?)
44. What is the Nigro Protocol ?
45. How do you treat an anal melanoma ?
46. How do you treat a chronic anal fissure ?
47. How do you calculate the RQ ?
48. When do you proceed with a lymph node dissection, in melanoma ?
49. How do you treat a melanoma on the anterior face ?
50. How do you treat a melanoma on the scalp or ear ?
6. Toxoplasmosis
7. No, banding only works for esophageal varices. With gastric varices, and true portal hypertension, you will likely require TIPS
8. Hyperthyroidism due to the formation of an autoimmune antibody directed against the TSH receptor; treatment of choice is radioactive ablation (I 131)
9. Duodenal atresia: side-to-side duodenoduodenostomy with a decompressive g-tube
10. Lower GI – look for the cecum in the LUQ
11. Coarctation of the aorta; you keep the PDA open by administering prostaglandin
12. Indomethacin
13. Positive pressure increases CVP
14. Below the renal veins (if there is thrombosis of the filter, you do not want to occlude the renals)
15. L2
16. Ranson's Criteria of severity: 
17. Chromosome # 10
18. Stimulates Anti-thrombin III
19. A negative d-dimer effectively rules-out a pulmonary embolus
20. 75 (40)
21. Incomplete vagotomy, incomplete antrectomy, Z-E Syndrome
22. Intracompartmental pressures > 30 mmHg (indication for urgent fasciotomy)
23. Zone I: from the clavicles to cricoid
Zone II: from cricoid to the mandibular angle
Zone III: from the mandibular angle to the base of the skull
24. 3 feet
25. A, B – found on all nucleated cells
26. Milroy's: a chronic hereditary lymphedema with

ANSWERS

1. EDH – there is less underlying parenchymal injury than seen in SDH
2. When the depression is greater than 5 mm (some say 1 cm, or more than one full-thickness width) – this decreases the risk of seizures
3. Actinomycosis – remember, this is a bacterial infection (treat with high-dose PCN)
4. Molluscum contagiosum
5. 2 spirochetes: Borrelia (Lyme disease, relapsing fever) - Tx with ceftriaxone
Treponema (Syphilis) - Tx with PCN
6. Toxoplasmosis
7. No, banding only works for esophageal varices. With gastric varices, and true portal hypertension, you will likely require TIPS
8. Hyperthyroidism due to the formation of an autoimmune antibody directed against the TSH receptor; treatment of choice is radioactive ablation (I 131)
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26. Milroy's: a chronic hereditary lymphedema with

- onset at or near birth (in a few patients it does not develop until after the age of 35, i.e. "lymphedema tarda"). It is caused by a developmental abnormality of the lymphatics
27. The CD3 receptor
28. kidneys – 48 hrs; pancreas – 24 hrs; liver – 12 hrs; heart, lung, small bowel – 8 hrs
29. There are several ways to repair an accidental transection; the one I prefer is an interrupted, primary repair using 5-0 dacron sutures over a 6fr. Double-J silastic stent. The stent is removed via cystoscopy 6 weeks after the repair. I always leave a drain behind (but some do not).
30. Gancyclovir
31. Involvement of Cooper's Ligaments (not lymphatic invasion or "skin edema")
32. The breast bud is a normal, developmental structure seen at the onset of puberty. It should never be biopsied !
33. A Phyllodes tumor is an uncommon stromal lesion consisting of both epithelial and mesenchymal cells. The far majority (> 90 %) are completely benign and related to fibroadenoma. Treatment is via wide local excision to negative margins and there is no role for axillary dissection or adjuvant therapy.
34. Cushing's Syndrome is the state of hypercortisolism. Unfortunately, the term has been used carelessly in the past which has led to confusion regarding the underlying disease process. Primary Hypercortisolism (the real, "Cushing's syndrome", i.e. related to a primary disease within the adrenal gland), is seen with an adrenal tumor. Cushing's Disease is due to a central process (usually a pituitary tumor) which release an excess of ACTH and thus produces a Secondary Hypercortisolism.***
35. Paget's disease of the breast is Invasive Ductal Carcinoma involving the nipple-areola complex; a palpable mass may or may not be present. It is treated by Modified Radical Mastectomy.
36. Stage I Breast Cancer: T1, No, Mo (a T1 lesion is less than 2 cm in total diameter). Treat with Breast-conserving therapy !
37. Neostigmine 2 mg IV over 5 minutes with EKG monitoring pt must not have peritoneal signs or a true volvulus over 90 % effective dose may be repeated in 3 hrs. if necessary may cause symptomatic bradycardia in 20 % of pts. (treated with Atropine)
38. Treatment of a Type IV Gastric Ulcer: Excision. (maintaining the GE Junction is preferred if anatomically possible)
39. Intestinal Metaplasia
40. Treatment of a Stage II Breast CA: Breast-conserving therapy (i.e. lumpectomy, XRT, & sentinel-node biopsy). At present, little role of MRM.
41. Treatment of Inflammatory Breast CA: Biopsy the lesion. Rule out metastases with mammography, bone scans and a CT scan of the chest, abdomen, brain (and axilla ?). Begin neoadjuvant therapy with FAC/CAFV/CMF. After an initial course (4 - 6 weeks), complete the mastectomy and axillary dissection followed by radiation therapy and adjuvant chemotherapy. If no response is obtained with chemotherapy initially, then proceed with radiation therapy. Proceed with mastectomy if possible after radiation therapy and follow with adjuvant chemotherapy. Overall prognosis is poor with a median survival of 31 months
42. Early dumping : Hyperosmolar Load
43. Late dumping: Inappropriate Insulin Response
44. The Nigro Protocol – given for all biopsy-proven anal carcinoma (except melanoma) 5-FU, 1000 mg IV qd for the first 3 days of therapy 200 rads external beam radiation, each day M – F for 5 weeks Last 3 days of treatment, 5-FU, 1000 mg IV qd Re-examine the pt in 2 weeks If no visible tumor remaining, do a biopsy of the area If biopsy is negative, treatment is finished and pt undergoes close follow-up If biopsy is positive, Give 1000 Rads of radiation for a total of 6,000 then re-biopsy If gross tumor remains after the 5000 Rads, then APR If there is clinically-positive nodes, then

perform a superficial groin dissection (you should never irradiate a groin)

45. Wide local excision

46. Botox injection

47. $RQ = CO_2 \text{ Produced} / O_2 \text{ Consumed}$

48. When the melanoma is "Intermediate Thickness", 1 – 4 mm

49. Anterior face Melanoma: Wide local excision with Superficial Parotidectomy and Modified Radical

Neck Dissection

50. Wide Local Excision (may require plastic reconstruction after excision)

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References

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