
Quick-Fire: 50 Questions in General Surgery: Part VII

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Abstract

QUESTIONS

1. How do you treat Carbon Monoxide poisoning in pregnancy ?
2. How do you differentiate myoglobinuria from blood in the urine ?
3. How do you treat myoglobinuria ?
4. What is Conn's Syndrome ?
5. How does mannitol work ?
6. What two interleukins are produced by macrophages and monocytes ?
7. What are the two types of granules in platelets ?
8. How fast do you correct severe hyponatremia ?
9. What are the four classes of shock ?
10. How do you treat a Curling's Ulcer ?
11. Which class of shock do you begin to see a decrease in urine output ?
12. How do you estimate the size of an endotracheal tube in a child ?
13. What is SCIWORA ?
14. What are the features in Beck's Triad ?
15. How can you differentiate between tamponade and tension pneumothorax ?
16. How much hemoglobin do you need to look cyanotic ?
17. Where does the Internal Mammary Artery originate ?
18. What is the narrowest point in a child's airway ?
19. What is the first branch off of the subclavian artery ?
20. What metabolic disturbance may you see with Sulfamylon (and how does it work ?)
21. How do you treat "left-sided portal HTN" ?
22. What is the incubation period for Clostridium tetani ?
23. In massive UGI bleeding, why is somatostatin safer to use compared to vasopressin ?
24. How do you treat an amebic liver abscess ?
25. How do you treat a Hydatid Cyst ?
26. What is phlegmasia cerulea dolens ?
27. What is the most common complication of stress gastritis ?
28. How do you treat a multinodular goiter ?
29. What is the anatomical definition of "upper GI bleeding" ?
30. What is the false negative rate for a thyroid FNA ?
31. What is the best diagnostic test for a suspected colovesical fistula ?
32. What is a Type III Gastric Ulcer ?
33. How do you calculate BMI ?
34. How do you treat Hashimoto's Thyroiditis ?
35. What is the Child's Classification ?
36. How do you treat a recurrent Phyllodes Tumor ?

37. What is a Chance Fracture ?
38. What are the risks for esophageal cancer ?
39. What must you consider in a patient with hypertension and a thyroid nodule ?
40. How do you treat a thyroid storm ?
41. How do you treat Malignant Hyperthermia ?
42. With a positive family history for malignant hyperthermia, how do you diagnose it in your patient ?
43. How do you treat the Fat Emboli Syndrome ?
44. What is ecthyma gangrenosum ?
45. How do you treat a duodenal hematoma ?
46. Why do you place a patient right-side up with air-embolism ?
47. What is the treatment of Von Willebrand's disease ?
48. How much CSF is produced in one day ?
49. How do you treat DCIS ?
50. How do you treat LCIS ?
7. Dense (energy proteins) and Alpha (procoagulants)
8. 1 mEq/hr, not to exceed 25 mEq's in 48 hour period; rare to use 3 % NaCl
9. Class I – IV
10. Curling's: stress ulcer associated with large-surface area burns**
11. Class III
12. ET Tube: (Age / 4) + 4
13. Spinal Cord Injury Without Radiographic Abnormality* always assume a c-spine injury !
14. JVD, Muffled Heart Tones, Hypotension
15. Tension PTX vs. Tamponade
16. You need at least 5 g of Hb to look cyanotic
17. Subclavian artery
18. Cricoid cartilage
19. The first branch off of the subclavian is the vertebral artery
20. Metabolic Acidosis secondary to carbonic anhydrase inhibition

ANSWERS

1. Place on 100 % Oxygen and wait four-times longer than you would in a non-pregnant female – i.e. at least 4 hours (fetal Hb has a four-times higher affinity to carbon monoxide than adult Hb).
2. Both will be positive for blood on dipstick, but myoglobinuria will not have RBC's under the scope
3. Treatment of Myoglobinuria: fluid, fluid, fluid, and –a- Mannitol (25 – 50 g q 6 hrs)b- Bicarb Alkalinization (1 – 2 amps per liter of IVF)b - Fasciotomy, if indicated (the pt must be closely observed)
4. Conn's Syndrome: Primary Hyperaldosteronism**
5. Two major effects of mannitol: a direct osmotic diuretic, and a free radical scavenger*
6. IL-1 and IL-6
21. Left-sided portal hypertension is due to splenic vein thrombosis (from pancreatitis, pancreatic cancer, retroperitoneal fibrosis...). The pt will present with a major gastric variceal bleed (not esophageal). The treatment is splenectomy, not TIPS.
22. 7 – 10 days
23. Vasopressin can cause coronary vasoconstriction
24. IV Flagyl for 3 weeks, and then, if necessary, percutaneous drainage
25. Echinococcal Cyst: Surgical treatment is effective in most cases. Be careful NOT to rupture the cyst because of the risk of implantation and anaphylaxis. Usually, attempts at aspiration and/or injection (i.e. hypertonic saline) are not very effective. Formalin and phenol have been injected in the past but this should be of historical interest only (because of the risk of damaging bile ducts if

- a direct communication exists). The best way is to shell-out the cyst with a “rim” of hepatic tissue or by staying between the layers of endocyst and ectocyst. At times, hepatic lobectomy will be required. Albendazole is recommended afterwards to prevent recurrence.
26. Phlegmasia cerulea dolens: the most severe form of iliofemoral thrombosis. It is a severe obstruction of the venous outflow leading to arterial insufficiency, cyanosis, and eventual gangrene.
 27. Bleeding; stress gastritis usually does not lead to perforation.
 28. Subtotal thyroidectomy
 29. Bleeding which occurs proximal to the ligament of Treitz
 30. False Negative Rate of Thyroid FNA: Less than 6 %
 31. CT Scan
 32. Type III Gastric Ulcer: a pre-pyloric ulcer
 33. BMI = weight (kg) / height (m)²
 34. Treatment of Hashimoto's Thyroiditis: an autoimmune disease treated by suppressive doses of thyroid hormone (once the diagnosis has been established)
 35. Child-Pugh Classification of functional status: [\\$image_path/quick7-tbl1.jpg](#)
 36. Re-excision to negative margins; axillary dissection, chemotherapy, and radiation are all unnecessary.
 37. Chance Fx: a lumbar fracture associated with seat-belt injuries; strongly consider the presence of an associated small bowel injury
 38. Risks of Esophageal Cancer: [\\$image_path/quick7-tbl2.jpg](#)
 39. Pheochromocytoma
 40. B-blocker (Inderal) and PTU
 41. Dantrolene
 42. Perform a muscle biopsy under local anesthesia; histology will be characteristic.
 43. Treatment is supportive (oxygenation, ventilation, fluid support)
 44. A green blister filled with Pseudomonas organisms
 45. Observation with NGT decompression, NPO, and TPN for 2 weeks – far majority will resolve. If seen during an exploration for other reasons, then open evacuation
 46. To keep the air in the right ventricle - you are trying to keep air from “locking” in the PA
 47. Cryoprecipitate
 48. About 500 cc's / day
 49. WLE + Post-op Radiation
 50. Close follow-up and observation; pt is at higher risk of developing invasive ductal cancer

References

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