
Quick-Fire: 50 Questions in General Surgery Part IV

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Abstract

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

QUESTIONS

1. What is the most common primary liver tumor?
2. How do you calculate: MAP?CO?SVR?
3. How do you treat a GSW to the rectum?
4. Where does the aorta perforate in a “jumper” that hits ‘feet-first’?
5. Why would a young, healthy woman present to the ED with sudden-onset hypotension?
6. What will improve the appetite in HIV patients or in chronic-cancer patients?
7. How do you treat an elevated bleeding time?
8. How do you treat Mobitz-type II?
9. How do you treat peaked T waves?
10. What three things do you need to have ‘ARDS’?
11. What is the first clinical sign of hypermagnesemia?
12. What is the most common cause of hypoxemia in a surgical patient?
13. How do you manage “follicular hyperplastic” on a thyroid FNA?
14. What can a posterior dislocation of the clavicle cause? (how do you treat it?)
15. What level is the tracheal bifurcation at?
16. What is the pulmonary ligament?
17. Which intercostal space is the widest?
18. In cancer, when do you see an “onion-skin appearance”?
19. In cancer, when do you see a “sunburst-appearance”?
20. How do you calculate an Anion Gap?
21. What causes a normal-AG acidosis?
22. What is the best operation to perform for secondary hyperparathyroidism?
23. What is phlegmasia alba dolens?
24. What is the clinical half-life: Albumin? Transferrin? Prealbumin? Retinol Binding Protein?
25. What is Mondor's Disease?
26. What is the meaning of an RQ of 0.7?
27. How do you treat “Gallbladder Ca” found by the pathologist following a lap chole?
28. What is the significance of UUN?
29. What is the mortality rate of an aspiration episode?
30. What is the most common nosocomial infection?
31. What are the Vitamin K-dependent factors?
32. Why does “purified-Factor VIII” not work for Von Willebrand's disease?
33. How do you treat a low-grade MALT?
34. What is a Zenker's Diverticulum?
35. How do you treat a sigmoid volvulus?
36. When do you see “Reed-Sternberg Cells”?

37. Which anal cancers are related to human papilloma virus?
38. How do you diagnose a pheochromocytoma?
39. How do you treat an acute, severe bleeding episode in a patient with known ITP?
40. What is the most common location for an accessory spleen?
41. What other conditions should you consider in a patient with SBO?
42. How do you treat a cystadenocarcinoma of the appendix?
43. What valvular disease do you see in patients with the carcinoid syndrome?
44. What is a Monteggia fracture?
45. What is Phlegmasia alba dolens?
46. How do you treat a 4 cm villous adenoma of the descending colon?
47. What is the treatment for a benign-appearing gastric ulcer along the lesser curve?
48. How do you treat a subclavian vein thrombosis secondary to central line placement?
49. What are the two classic signs of arterial insufficiency?
50. What is the most commonly-seen anatomy in popliteal artery syndrome?
6. Megace
7. DDAVP, 0.3 units/kg – can be given twice in succession
8. Pacemaker
9. Peaked T waves = Hypercalcemia First, protect the myocardium: Calcium Second, Third, Fourth – must decrease the total body calcium
10. ARDS – 3 criteria: PaO₂ / FiO₂ < 200 Bilateral infiltrates on CXR No evidence of CHF (Pw < 18)
11. Loss of Deep Tendon Reflexes
12. V-Q Mismatch
13. Thyroid Lobectomy with Isthmusectomy; if frozen section or permanent histology reveals true follicular carcinoma proceed with total thyroidectomy
14. Tracheal Compression with airway compromise; treated by surgical reduction
15. T4
16. The pulmonary ligament is a reflection of the visceral pleura
17. The 3rd intercostals space
18. “Onion-skin” = Ewing's Sarcoma
19. “Sunburst Appearance” = Osteogenic Sarcoma
20. AG = (Na⁺ + K⁺) - (Cl⁻ + HCO₃⁻)
21. Normal AG Acidosis DiarrheaFistulasRenal Tubular Acidosis
22. Kidney Transplant
23. Phlegmasia alba dolens: a variant of ileofemoral thrombosis characterized by arterial spasm and a pale, cool leg with diminished pulses (treated via heparinization)
24. Half-Life: Albumin - 18 days Transferrin- 8 days Prealbumin - 3 daysRetinol Binding Protein 12 hrs
25. Mondor's Disease: a localized thrombophlebitis of the anterolateral chest wall
26. RQ = 0.7; this means that fats are being utilized as

ANSWERS

1. Hemangioma
2. MAP = [(SBP - DBP) / 3] + DBP CO = HR x SVSVR = (MAP - CVP / CO) x 80 dynes-cm -5
3. Presacral drainage (“u”-incision), with a diverting colostomy
4. It tears at the aortic root, not at the ligamentum arteriosum ** also “common” in jumpers is renal artery avulsion
5. EctopicBleeding hepatomaRuptured splenic artery aneurysm
6. Megace
7. DDAVP, 0.3 units/kg – can be given twice in succession
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25. Mondor's Disease: a localized thrombophlebitis of the anterolateral chest wall
26. RQ = 0.7; this means that fats are being utilized as

- the primary fuel source
27. Gallbladder Ca on the path report: reoperation for wedge resection of the liver bed plus regional lymphadenectomy
 28. UUN – urine urea nitrogen, a guide to nitrogen balance
 $UUN = N_2 \text{ Intake} - N_2 \text{ Output}$
 $UUN = (G \text{ protein} / 6.25) - (UUN + 4)$
 29. Mortality approaches 50%
 30. UTI
 31. II, VII, IX, and X
 32. “Purified Factor VIII” does not contain VonWillebrand's Factor – which is the deficiency in Von Willebrand's disease
 33. Treat the associated H. pylori !
 34. Zenker's Diverticulum: a pharyngoesophageal pulsion diverticulum that arises in the posterior midline of the neck - just above the cricopharyngeus muscle and below the inferior constrictor (surgical therapy is the treatment of choice - excision with myotomy of the cricopharyngeal muscle)
 35. Sigmoid Volvulus: colonoscopic decompression**
 36. Reed-Sternberg Cells = “owl-eye cells” = Hodgkin's lymphoma
 37. All anal cancers are associated with Human Papilloma Virus
 38. Pheo = Urinary Metanephrines
 39. Gamma-globulin
 40. Splenic hilum
 41. Small Bowel Obstruction: (after adhesions from previous surgery)HerniasCrohn's diseaseCarcinoid
 42. Right hemicolectomy, and consider taking out both ovaries (especially in a post-menopausal female; they are more likely to develop ovarian cancer)
 43. Tricuspid Insufficiency
 44. The “night-stick fracture”: a common story is that of a burglar being hit by a police night-stick; the burglar brings his arm up to protect his face and sustains an ulnar fracture – commonly associated with a dislocated radial head. Must get a lateral elbow film to rule-this out
 45. Phlegmasia alba dolens:
 46. Segmental colectomy with primary reanastomosis*
 47. Treatment of a gastric ulcer: all gastric ulcers should get brushings & biopsied
 49. Medical Management: Anti-secretory Agent (Proton Pump Inhibitor) Antibiotics against H. pylori D/C all Nsaid's & Cox II inhibitors
 50. Indications for Surgery: Biopsy positive or suspicious for malignancyLarge ulcer (especially if it is located along the greater curve) Failure to heal with medical management after 3 months
1. Remove the central line and heparinize the pt.
 2. Elevation pallor & Dependent rubor
 3. The most commonly seen abnormality leading to popliteal entrapment is a artery that runs medial to the medial head of the gastrocnemius**

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References

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