Q.1 A 40 year old female underwent a difficult laparoscopic cholecystectomy for acute calculous cholecystitis. On 4th post operative day, patient developed fever, vomiting, tachycardia, abdominal distension with absolute constipation.

a) Enlist the possible causes.
b) How will you investigate this patient with justification for each investigation?
c) How will you manage the commonest cause in this patient?

Q.2 A 50 years old obese lady underwent emergency laparotomy for perforated duodenal ulcer. Now she presented with abdominal complete wound dehiscence on 6th post operative day.

a) What are the common causes of abdominal wound dehiscence?
b) What are various options for the management of the complete abdominal wound dehiscence?

Q.3 A 70 year old male patient had undergone TURP. Postoperative he developed persistant hematuria, epistaxis and purpuric spots all over the body.

a) What is the most likely diagnosis? Give a brief account of pathogenesis?
b) What investigations would you order to reach diagnosis?
c) Write steps of management.
Q. 4 A fifty years old hypertensive male presented with severe abdominal pain which occurs 30 minutes after taking the meal. He gives history of similar episodes of pain in the past. Pain is so severe that patient fears to eat more. Pain is responding to opiates only.
There is history of weight loss. Abdominal examination is unremarkable. Upper GIT endoscopy and ultrasound are unremarkable.

a) What is your clinical diagnosis?
b) What non-invasive investigation will you perform for the diagnosis?
c) Enumerate the different surgical procedures for the treatment of your diagnosis?

Q. 5 A 25 years old male who had ulcerative colitis was admitted to the hospital with fever, severe bloody diarrhea, and abdominal tenderness. Despite, being on high dose intravenous steroids, the patient condition deteriorated & developed abdominal distention. During this week he almost lost 5 kg body weight. His labs showed derangement of electrolytes, LFTs and hypoalbuminemia.

a) What are the indications for surgical intervention in this patient (any five)?
b) Enlist the surgical treatment options which can be done in this patient?
c) Enlist the extra intestinal manifestation of this disease (any five).
Q.6 A 22-year-old man with a farming background, who often walked barefoot, had attended local clinics, hospitals & GPs for 8 years. The problem started as an itchy foot rash that deteriorated & did not respond to repeated change of antibiotics. Later he developed induration, & multiple thick curd like exudate discharging sinuses along with swelling of the foot. He also complained that blackish granules coming out from the discharge & also noticed that as the infection spreads, old sinuses close & new ones open.

a) What is the most likely diagnosis and enlist 2 differential diagnoses?
b) Enlist the diagnostic investigations which will be required in this case?
c) What are the treatment option & the likely complications if left untreated?

Q.7 A 22 year old young man sustained injury to his head and became unconscious, when a brick fell of scaffolding at a construction site. He was immediately rushed to the emergency department of a nearby hospital. Primary survey showed R/R 18/min, BP 90/60 mmHg, and pulse 65/min. The patient opens his eyes to painful stimuli and he withdraws his right arm and leg on painful stimuli whereas he is not moving his left upper and lower limbs. He is littering inappropriate words. Secondary survey showed a 3 cm scalp laceration with surrounding moderate contusion over the right temporal region. His right pupil was dilated (6mm in diameter), sluggishly responding to light. No sign of blood or discharge around the ear and nose. There was no sign of injury on examination of truncal region and extremities.

a) What is the most likely diagnosis?
b) What is the Glasgow Coma Scale Score observed in emergency department?
c) Enumerate the important steps in the initial management of this patient.
d) What is the definitive surgical treatment?
A 30 years old male is brought to emergency ward after road side accident. Overall assessment revealed the diagnosis of splenic injury.

a) How do you classify splenic injury?
b) What are indications of conservative management of splenic trauma?
c) What are various common indications of splenectomy?

A bomb blast victim is brought to emergency. He has multiple splinter injuries in the perineum and is unable to pass urine. There is tenderness and guarding in the hypogastrium and left iliac fossa. Rectal examination elicits tenderness and the examining finger is smeared with blood.

a) What is your diagnosis?
b) How will you manage this case in the emergency department?
c) What emergency surgery will you perform on this case?

A 50 years old male front seat passenger was involved in a high speed motor vehicle crash and was trapped in the car. He was removed from the car after some difficulty ten minutes after the crash. He is conscious and complaining of severe pain in the left chest and is severely short of breath. His pulse is 120/min low volume, BP 90/60 mmHg, respiratory rate is 30/min and PaO₂ is 80%. He has absent breath sounds and hyperresonant percussion on left chest.

a) What is your diagnosis? Justify.
b) What other physical signs will you look for in favor of your diagnosis?
c) How would you manage him?
d) What are indications of surgical intervention?