Choose the single best answer

1- Which of the following is a contraindication for breast conserving surgery (BCT)?

A) Small lump to breast ratio

- b) Central breast tumor mass
- c) Breast Tumor size less than 5 cm
- d) Young age

2- The characteristic changes that follow a major operation or moderate to severe injury do not include the following:

A. Hypermetabolism.

B. Fever.

- C. Tachypnea.
- D. Hyperphagia.
- E. Negative nitrogen balance.

3- Shock can best be defined as:

- A. Hypotension.
- B. Hypoperfusion of tissues.
- C. Hypoxemia.
- D. All of the above.

4- Which of the following statements regarding cytokines is incorrect?

A. Cytokines act directly on target cells and may potentiate the actions of one another.

B. Interleukin 1 (IL-1) is a major proinflammatory mediator with multiple effects,

including regulation of skeletal muscle proteolysis in patients with sepsis or significant injury.

C. Platelet-activating factor (PAF) is a major cytokine that results in platelet aggregation, bronchoconstriction, and increased vascular permeability.

D. Tumor necrosis factor alpha (TNF-a), despite its short plasma half-life, appears to be a principal mediator in the evolution of sepsis and the multiple organ dysfunction

syndrome because of its multiple actions and the secondary cascades that it stimulates.

5- All of the following are true about neurogenic shock except:

A. There is a decrease in systemic vascular resistance and an increase in venous capacitance.

B. Tachycardia or bradycardia may be observed, along with hypotension.

C. The use of an alpha agonist such as phenylephrine is the mainstay of treatment.

D. Severe head injury, spinal cord injury, and high spinal anesthesia may all cause neurogenic shock.

6- Which is not true regarding BRCA mutations in breast cancer?

a) BRCA 1 tumors are high grade as compared to BRCA 2

b) BRCA 1 breast cancer are hormone receptor positive

c) BRCA 1 breast tumor are aneuploid

d) BRCA 1 breast cancer have an incraesed S phase fraction

7- Which of the following statements are true of a patient with hyperglycemia and hyponatremia?

A. The sodium concentration must be corrected by 5 mEq. per 100 mg. per 100 ml. elevation in blood glucose.

B. With normal renal function, this patient is likely to be volume overloaded.

C. Proper fluid therapy would be unlikely to include potassium administration.

D. Insulin administration will increase the potassium content of cells.

E. Early in treatment adequate urine output is a reliable measure of adequate volume resuscitation.

8- In Breast Reconstructive surgery after mastectomy which of the following is not true regarding TRAM flap

a) TRAM flap may be based on a pedicled Superior Epigastric artery

b) TRAM flap can be transferred as a free flap

c) It is a type of myocutaneous flap

d) It uses supraumbilical fat

9- Which of the following is/are not associated with increased likelihood of infection after major elective surgery?

A. Age over 70 years.

B. Chronic malnutrition.

C. Controlled diabetes mellitus.

D. Long-term steroid use.

E. Infection at a remote body site.

10- In patients receiving massive blood transfusion for acute blood loss, which of the following is/are correct?

A. Packed red blood cells and crystalloid solution should be infused to restore oxygencarrying capacity and intravascular volume.

B. Two units of FFP should be given with every 5 units of packed red blood cells in most cases.

C. A "six pack" of platelets should be administered with every 10 units of packed red blood cells in most cases.

D. One to two ampules of sodium bicarbonate should be administered with every 5 units of packed red blood cells to avoid acidosis.

E. One ampule of calcium chloride should be administered with every 5 units of packed red blood cells to avoid hypocalcemia.

11- Crohn's disease

A. Is caused by Mycobacterium paratuberculosis.

B. Is more common in Asians than in Jews.

C. Tends to occur in families.

D. Is less frequent in temperate climates than in tropical ones.

E. Is improved by smoking.

12- Excision rather than bypass is preferred for surgical treatment of small intestinal Crohn's because:

- A. Excision is safer.
- B. Bypass does not relieve symptoms.
- C. Excision cures the patient of Crohn's disease but bypass does not.
- D. Fewer early complications appear with excision.
- E. The risk of small intestine cancer is reduced.
- 13- The most common indication for operation in Crohn's disease of the colon is: A. Obstruction.
 - B. Chronic debility.
 - C. Bleeding.
 - D. Perforation.
 - E. Carcinoma.
- 14- The test with the highest diagnostic yield for detecting a colovesical fistula is: A. Barium enema.
 - B. Colonoscopy.
 - C. Computed tomography (CT).
 - D. Cystography.
 - E. Cystoscopy.
- 15- Which of the following is not true of diverticular disease:

A. It is more common in the United States and Western Europe than in Asia and Africa.

- B. A low-fiber diet may predispose to development of diverticulosis.
- C. It involves sigmoid colon in more than 90% of patients.
- D. Sixty per cent develop diverticulitis sometime during their lifetime.
- E. It is the most common cause of massive lower gastrointestinal hemorrhage.
- 16- The most common indication for surgery secondary to acute diverticulitis is: A. Abscess.
 - B. Colonic obstruction.
 - C. Colovesical fistula.
 - D. Free perforation.
 - E. Hemorrhage.
- 17- The most common cause of fatal transfusion reactions is:
 - A. An allergic reaction.
 - B. An anaphylactoid reaction.
 - C. A clerical error.
 - D. An acute bacterial infection transmit
- 18- Which of the following statements about familial adenomatous polyposis (FAP) is true?

A. Inherited in an autosomal-dominant manner, this genetic defect is of variable penetrance, some patients having only a few polyps whereas others develop thousands.

B. The phenotypic expression of the disease depends mostly on the genotype.

C. Appropriate surgical therapy includes total abdominal colectomy with

- ileorectal anastomosis and ileoanal pull-through with rectal mucosectomy.
- D. Panproctocolectomy with ileostomy is not appropriate therapy for this disease.

E. Pharmacologic management of this disease may be appropriate in some instances.

- 19- Which of the following variables best predicts prognosis for patients with a recent diagnosis of cutaneous melanoma and no clinical evidence of metastatic disease?
 - A. Breslow thickness.
 - B. Clark's level.
 - C. Ulceration.
 - D. Gender.
 - E. Celtic complexion.
- 20- A marker for the diagnosis of pancreatic cancer is:
 - A. CA 15-3.
 - B. CA 19-9.
 - C. Alphafetoprotein (AFP).
 - D. Carcinoembryonic antigen (CEA).
 - E. CYFRA 21-1. A marker for the diagnosis of pancreatic cancer is
- 21- The presence of which marker is a significant poor prognosis variable for patients with breast cancer:
 - A. CEA.
 - B. C-erb B-2.
 - C. AFP.
 - D. Human chorionic gonadotropin (hCG).
 - E. RB-1.
- 22- In patients with colorectal cancer the serum CEA level is a clinically useful measure for all reasons except:
 - A. Prognosis.
 - B. Detection of recurrence.
 - C. Guiding second-look operations.
 - D. Following treatment response.
 - E. Early diagnosis.
- 23- A new marker that has possible utility in the management of patients with non-small-cell lung cancer (NSCLC) is:
 - A. Calcitonin.
 - B. Neuron-specific enolase.
 - C. CYFRA 21-1.
 - D. Glucagon.
 - E. Chromogranin A.
- 24- Which of the following statements about the presence of gallstones in diabetes patients is/are correct?

A. Gallstones occur with the same frequency in diabetes patients as in the healthy population.

B. The presence of gallstones, regardless of the presence of symptoms, is an indication for cholecystectomy in a diabetes patient.

C. Diabetes patients with gallstones and chronic biliary pain should be managed nonoperatively with chemical dissolution and/or lithotripsy because of severe complicating medical conditions and a high operative risk.

D. The presence of diabetes and gallstones places the patient at high risk for pancreatic cancer.

E. Diabetes patients with symptomatic gallstones should have prompt elective cholecystectomy, to avoid the complications of acute cholecystitis and gallbladder necrosis.

- 25- Factors that decrease collagen synthesis include all of the following except: A. Protein depletion.
 - B. Infection.
 - C. Anemia.
 - D. Advanced age.
 - E. Hypoxia.
- 26- Which of the following statement(s) is/are true concerning excessive scarring processes?
 - a. Keloids occur randomly regardless of gender or race
 - b. Hypertrophic scars and keloid are histologically different

c. Keloids tend to develop early and hypertrophic scars late after the surgical injury

d. Simple reexcision and closure of a hypertrophic scar can be useful in certain situations such as a wound closed by secondary intention

- 27- Which of the following statements regarding IL-1 are correct?a. While IL-1 and TNFa share many biologic effects, IL-1 appears to be more potent
 - b. IL-1 expression is in part autoregulated
 - c. IL-1 inhibits prostaglandin production

d. The ability of IL-1 to upregulate endothelial cell-neutrophil adhesion molecules is relatively limited

28- Which of the following conditions is associated with increased risk of breast cancer?

A. Fibrocystic mastopathy.

- B. Severe hyperplasia.
- C. Atypical hyperplasia.
- D. Papillomatosis
- 29- A 22-year-old man sustains a single stab wound to the left chest and presents to the emergency room with hypotension. Which of the following statement(s) is/are true concerning his diagnosis and management?

a. The patient likely is suffering from hypovolemic shock and should respond quickly to fluid resuscitation

b. Beck's triad will likely be an obvious indication of compressive cardiogenic shock due to pericardial tamponade

c. Echocardiography is the most sensitive noninvasive approach for diagnosis of pericardial tamponade

d. The placement of bilateral chest tubes will likely resolve the problem

30- Which of the following statements about achalasia is/are correct?A. In most cases in North America the cause is a parasitic infestation by Trypanosoma cruzi.

B. Chest pain and regurgitation are the usual symptoms.

C. Distal-third esophageal adenocarcinomas may occur in as many as 20% of patients within 10 years of diagnosis.

D. Manometry demonstrates failure of LES relaxation on swallowing and absent or weak simultaneous contractions in the esophageal body after swallowing.

E. Endoscopic botulinum toxin injection of the LES, pneumatic dilatation, and esophagomyotomy provide highly effective curative therapy for achalasia.