

Examination for M.Sc & Diploma  
Degree in: General surgery  
Term: October  
Time Allowed: 3h  
Total Assessment Marks: 60marks



Tanta University  
Faculty of Medicine  
Department of: Histology  
Course title: Histology  
Date: 7/ 10 /2019

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Answer the following questions and illustrate your answers with labeled diagrams. (Each question 10 marks).

Q1 – Describe the histological structure of hepatocytes by LM & EM.

Q2- Compare between the histological structures of basophil and eosinophil leucocytes.

Q3 – Enumerate the membranous cell organelles and give a short note on Golgi apparatus.

Q4 – Explain the histological structure of the stomach.

Q5- Compare between the histological structures of thyroid and parathyroid gland.

Q6 – Describe the histological structure of Lymph node.

NB: The oral exam will be on Monday 7 /10/ 2019. At one O'clock

**GOOD LUCK**

Chairman of Department  
Prof Dr. Naglaa Ibrahim

Tanta University

Master of Science in General surgery

Faculty of Medicine

Anatomy Examination

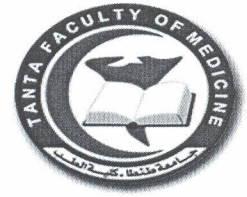
Human Anatomy & Embryology Dep.

Number of Questions: 5

7/10/2019

Time Allowed: 3 Hours

Total: 75 Marks



## GENERAL SURGERY

All questions to be answered

Illustrate your answer with diagram whenever possible:

1. **A. Mention** the boundaries, roof, floor and contents of carotid triangle of the neck. (8 marks)  
**B. Define** the relations of lobes and isthmus of the thyroid gland. (7 marks)
2. **A. Identify** the surface anatomy of the stomach. (5 marks)  
**B. Mention** the attachments and contents of the lesser omentum. (5 marks)  
**C. Describe** the relations of body of pancreas. (5 marks)
3. **Identify** the sites and contents of the main openings of the diaphragm. **Mention** its congenital anomalies and **outline** the clinical anatomy of diaphragmatic hernia. (15 marks)
4. **Describe** the course and branches of the median nerve in the forearm. **Outline** the effects of its injury above the elbow. (15 marks)
5. **Mention** the beginning, course, end and tributaries of the saphenous veins and **mention** their applied anatomy. (15 marks)

**END OF THE EXAM**

**WITH MY BEST WISHES**

Chairperson : Prof. Amal Halawa



TANTA UNIVERSITY

MSc surgery exam

FACULTY OF MEDICINE

October 2019

OPHTHALMOLOGY DEPARTMENT

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- 1- Discuss Use of Femtosecond Laser in Corneal and Refractive Surgery (35 mark)
- 2- Discuss management congenital ptosis (35 mark)
- 3- Surgical management of macular hole (20 mark)
- 4- Surgical management of recurrent pterygium (20 mark)

**Multiple choice questions each 5 marks**

- 1- All of the following techniques are considered to be surface ablation except:
  - a. PRK
  - b. EPILASIK
  - c. LASEK
  - d. FEMTOLASIK
  
- 2- If buttonhole occurs during Flap creation in LASIK, we should:
  - a. Proceed with laser ablation
  - b. Manually scrap the bed then do laser ablation
  - c. Abort the Procedure completely.
  - d. Do surface ablation over the flap .
  
- 3- With Flat Cornea during LASIK you might expect:
  - a. Free Cap
  - b. Buttonhole
  - c. Torn flap
  - d. Decentered ablation
  
- 4- Diffuse Lamellar Keratitis might happen with all the following procedures except:
  - a. LASIK with mechanical microkeratome
  - b. FemtoLASIK
  - c. PRK
  - d. SMILE
  
- 5- Mitomycin C is used with surface ablation to:
  - a. Promote epithelial healing
  - b. Avoid overcorrection
  - c. Prevent haze formation
  - d. Reduce postoperative pain

- 6- Double anterior chamber is a postoperative complication after:
- Penetrating Keratoplasty
  - Cross linking
  - Deep Anterior Lamellar Keratoplasty
  - All of the above
- 7- DMEK is performed to treat:
- Keratoconus
  - Superficial corneal opacities
  - Corneal Endothelial pathology and dysfunction.
  - All of the above
- 8- Corneal Collagen Cross Linking should not be performed in:
- Progressive Keratoconus
  - Central Corneal thickness below 400 microns.
  - Central Corneal thickness above 450 microns.
  - Steep K above 48 D
- 9- Which of the following technique is associated with the fewest recurrence after pterygium surgery?
- Application of conjunctival free graft
  - Primary closure of conjunctiva with sliding flaps
  - Complete removal of the head of pterygium
  - Polishing the limbus with diamond burr
- 10- Surgical treatment of squamous cell carcinoma should include all of the following except:
- Excision of conjunctiva 1 mm beyond the clinically apparent margin of the tumor
  - Resection of a thin lamellar scleral flap beneath the tumor
  - Treatment of the remaining sclera with absolute alcohol
  - cryotherapy applied to the conjunctival margins
- 11- The risk associated with clear lens extraction may be greater in a patient with high myopia than in a patient with hyperopia because:
- Biometry is less accurate
  - Retinal detachment risk is greater
  - The risk of infection is greater
  - A phakic IOL will be more difficult to insert
- 12- Which one of the following is true concerning ptosis operation?
- brow suspension is the treatment of choice in mild congenital ptosis
  - Fasanella-Servant is the treatment of choice in patients without levator function

- c. posterior approach is recommended procedure in patient with previous ptosis surgery
  - d. maximal resection is recommended in patients with mitochondrial myopathy
  - e. Bell's phenomenon and corneal sensation should be carefully assessed before surgery
- 13- Fourth nerve palsy can be treated with:
- a. ipsilateral superior rectus recession
  - b. ipsilateral inferior oblique recession
  - c. contralateral inferior rectus resection
  - d. ipsilateral superior oblique recession
  - e. ipsilateral inferior rectus recession
- 14- Conjunctivo DCR is indicated for the relief of epiphora due to
- a. nasolacrimal duct obstruction
  - b. punctual agenesis
  - c. medial lower eyelid ectropion
  - d. common canalicular obstruction
  - e. dry eye
- 15- the synthetic material that is useful as an absorbable suture in ophthalmic plastic surgery is
- a. silk
  - b. nylon
  - c. polyglactin
  - d. polypropylene
- 16- The indication for subretinal fluid drainage include all of the following except:
- a. immobilized retina
  - b. bullous lesion where tear cannot be identified
  - c. raised intraocular pressure
  - d. superior retinal detachment
  - e. presence of blood in the vitreous
- 17- Which laser is used for capsulotomy?
- a. Diode laser
  - b. Carbon dioxide laser
  - c. Excimer laser
  - d. ND: YAG laser

18- After 48 hours of a cataract extraction operation, a patient complained of ocular pain and visual loss. On examination, this eye looked red with ciliary injection, corneal oedema and absent red reflex. The first suspicion must be:

- a. Secondary glaucoma.
- b. Anterior uveitis.
- c. Bacterial endophthalmitis.
- d. Acute conjunctivitis

19- Which of the following is the most important factor in the prevention of the endophthalmitis in cataract surgery?

- a. Preoperative preparation with povidone iodine
- b. One week antibiotic therapy prior to surgery
- c. Trimming of eyelashes
- d. Use of intravitreal antibiotics

20. A 28 year old diabetic woman, who has had no previous laser, has a recurrent vitreous haemorrhage limiting retinal visualisation. Which one of the following is the MOST appropriate course of action?

- A. Intravitreal anti-VEGF injection
- B. Pan retinal photocoagulation (PRP) under local anaesthesia
- C. Prompt vitrectomy and laser
- D. Wait two months to allow spontaneous clearing, followed by vitrectomy and laser if not