



د/السيد عفيفي عبد المعبود بدر القطان

Benha University  
Faculty of Nursing

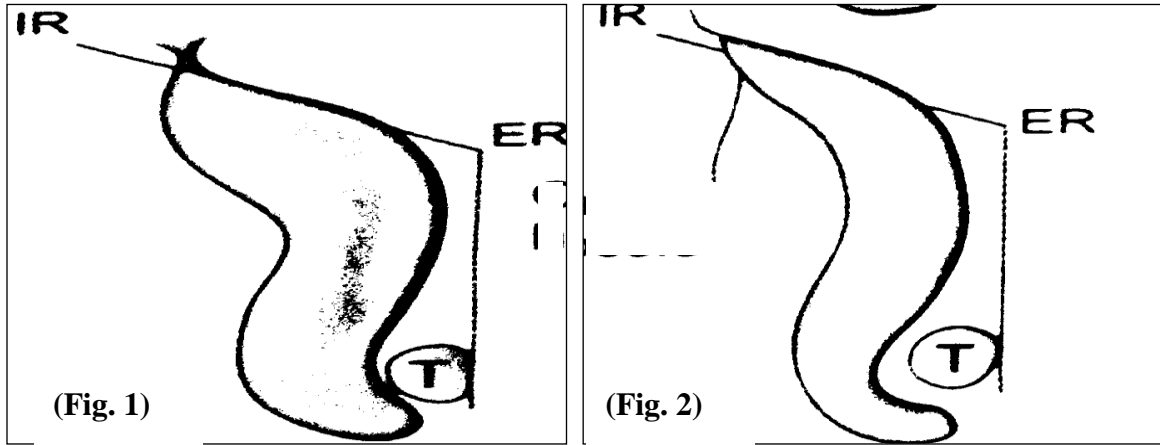
Subject: Pediatric surgery  
Time allowed: one hour.

**Exam for 3<sup>rd</sup> year 2014/2015 (8/6/2015)**

**Answer the following questions: (30 marks.)**

**1- Give short account on Omphalocele ? (7 marks).**

**2- Look to the following picture & answer the questions below: (7 marks).**



(IR: Internal Ring; ER: External Ring; T: Testis).

2.A. What is the diagnosis of Figure (1,2) ? (2 marks).

2.B. Discuss differences between both? (3 marks).

2.C. Mention complications of this case? (2 marks)

**3- Define the following: (8 marks).**

3.A. Reactionary hemorrhage? (2 marks)

3.B. Testicular torsion? (2 marks)

3.C. Intussusception? (2 marks)

3.D. Hypospadias? (2 marks)

**4- Complete the following: (8 marks).**

4.A. Cystic swelling due to persistent cervical sinus called ..... (2 marks)

4.B. Absent testis is known as ..... (2 marks)

4.C. Absent ganglion cells in the wall of anal canal is a cause of ..... (2 marks)

4.D. Tumor; arises from pluripotent cells; is known as ..... (2 marks)

*Good Luck*

**The model Answer of Exam for 3<sup>rd</sup> year 2014/2015 (8/6/2015)**

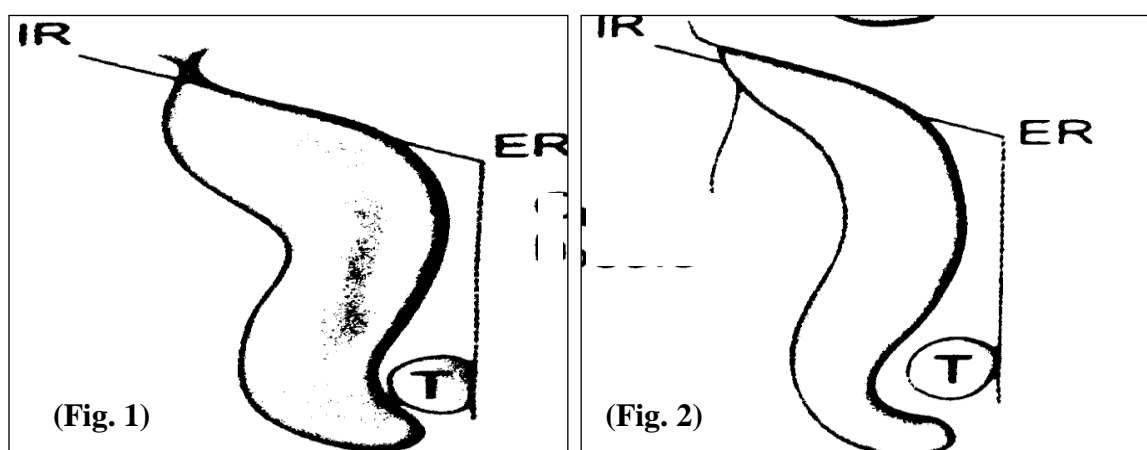
**Answer the following questions: (30 marks.)**

**1- Give short account on Omphalocele ? (7 marks).**

**Omphalocele:** Present since birth due to failure of the midgut at return to the abdomen in fetal life due to failure of the 2<sup>nd</sup> stage of rotation.

	<b>I-Exomphalos minor</b>	<b>II-Exomphalos Major</b>
<b>Def.</b> (1 mark)	Small defect.	Large defect.
<b>Contents</b> (1 mark)	Loop of intestine or Meckel's diverticulum (Littre's)	Large portion of viscera, may be left lobe of liver
<b>Coverings</b> (1 mark)	Thin layer of Wharton's Jelly & amniotic membrane	Layer of Amniotic membrane only.
<b>Complications</b> (2 mark)	1-During ligation of the cord; loop of intestine may be ligated; so ligate the cord 3-4cm from the abdomen. 2-Damage of the coverings and rupture of the hernia.	
<b>Treatment; Emergency</b> (2 mark)	Contents reduced, sac excised and abdominal muscles approximated.	*Create skin flap by undermining of skin & release incisions in loin to cover the sac without tension; Later after a few years repair the hernia. *Cover the sac with silo.

**2- Look to the following picture & answer the questions below: (7 marks).**



(IR: Internal Ring; ER: External Ring; T: Testis).

**2.A. What is the diagnosis of Figure (1,2) ? (2 marks).**

Figure (1): Congenital hydrocele.

Figure (2): Infantile hydrocele.

**2.B. Discuss differences between both? (3 marks).**

1-Congenital hydrocele	2-Infantile hydrocele
<b>Etiology</b> (1 mark)	
*Due to failure of the obliteration of the processes vaginalis with small opening allow passage of fluid but not intestine. It is unilateral or bilateral.	*The sac has no connection with the peritoneum.
<b>C/P</b> (1 mark)	
<b>Symptoms</b>	
*Mother reports that the baby has a swelling in the scrotum. *+ve fluctuation in size by day and night.	*Swelling.  *There is no fluctuation in size.
<b>Signs:</b> Cystic translucent inguinoscrotal swelling, not reducible manually.	
<b>Treatment</b> (1 mark)	
Excision of the upper part of the sac till the internal ring.	Eversion of the tunica. <i>N.B. infantile type is not necessary to occur in infants.</i>

**2.C. Mention complications of this case? (2 marks)**

**1-Hematocele.**

**2-Pyocele;** by Infection.

**3-Rupture;** usually traumatic but might be spontaneous.

**4-Calcification.**

**5-Testicular atrophy if large hydrocele:** Bilateral huge cases might lead to atrophy of the testis. In unilateral case →no atrophy as hydrocele distends in wide scrotum.

**6-Hernia of the hydrocele sac:** in long standing cases, the sac might herniate through the dartos muscles that may rupture.

**3- Define the following: (8 marks).**

**3.A. Reactionary hemorrhage:** Hemorrhage in the 1<sup>st</sup> 24 hours in the field of operation. (2 marks)

**3.B. Testicular torsion:** Testicular torsion is due to twisting of the spermatic cord. (2 marks)

**3.C. Intussusception:** Invagination of intestinal loop into another one due to unknown etiology. (2 marks)

**3.D. Hypospadias:** Urethra opens on under-surface of the penis, (2 marks)

**4- Complete the following: (8 marks).**

4.A. Cystic swelling due to persistent cervical sinus called **Branchial cyst**. (2 marks)

4.B. Absent testis is known as **Vanishing syndrome**. (2 marks)

4.C. Absent ganglion cells in wall of anal canal is cause of **Hirschsprung's disease**. (2 marks)

4.D. Tumor; arises from pluripotent cells; is known as **Teratoma**. (2 marks)

*Good Luck*