

A 34 year old man presents with a lump on the right side of his neck of 2 months duration. Previously the patient was fit and healthy but for the last three to four months he has noticed occasional sweating at night and has lost half a stone in weight. Examination showed a 2 cm lump in the middle third of the neck deep to the sternomastoid muscle.

What would be the most likely diagnosis of this patient?

- A. Branchial cyst
- B. Lymphoma
- C. Metastatic lymph node
- D. Thyroid swelling
- E. Tuberculous lymphadenitis

A 78 year old woman presents with a generally tender abdomen. She has been unwell for two days. She is acidotic with a pH of 7.1 which does not improve after resuscitation. CT scan shows an inflammatory mass involving the left colon and free intraperitoneal gas. Optimal resuscitation on the critical care unit has not improved her general condition and she remains peripherally shutdown and hypotensive with fixed mottling of her legs and trunk.

What would be the best treatment for this patient?

- A. Laparoscopy and lavage with placement of abdominal drains
- B. Laparotomy, lavage and placement of drains
- C. Laparotomy and Hartmann's procedure
- D. Symptom control and terminal care
- E. Ultrasound guided placement of abdominal drains

A 25 year old man with acute severe colitis (first presentation), has failed maximal medical management. Endoscopy has shown pancolitis and biopsy shows features consistent with ulcerative colitis. There is colonic distension on plain abdominal X-ray.

What is the most appropriate management?

- A. Colonoscopic decompression
- B. Defunctioning loop ileostomy
- C. Panproctocolectomy and end ileostomy
- D. Panproctocolectomy and ileo-anal pouch
- E. Subtotal colectomy and end ileostomy

A 53 year old woman presents as an emergency with paralysis of the lower limbs. She has a past history of cardiomyopathy, non-insulin dependent diabetes, mild renal failure (creatinine 130 μ mol/L) and has had a previous right leg embolectomy, 6 years ago, following which she has been on warfarin. On examination she has fixed mottling of her lower torso to the umbilicus, both legs are paralysed and she has widespread inspiratory crepitations and a raised JVP.

What is the most appropriate management?

- A. Palliative care and enter "end of life" care pathway
- B. Resuscitation with intravenous fluids followed by CT angiography
- C. Urgent arteriography and thrombolysis
- D. Urgent embolectomy
- E. Urgent intravenous administration of heparin

A 79 year old man is admitted with a distended abdomen and CT shows features suggesting a sigmoid volvulus. A flexible sigmoidoscopy is performed showing features again suggestive of sigmoid volvulus and the bowel is decompressed. The following day his abdomen is less distended but observations have shown an increasing tachycardia from 80 bpm to 110 bpm and respiratory rate from 18 to 25 respirations per minute. Bloods show an Hb of 140 g/L, WCC of 20x10⁹/dL and base excess of -6 mEq/L.

What is the next best course of action?

- A. Colonoscopy with colonic decompression
- B. Laparotomy and colectomy
- C. Repeat CT scan
- D. Repeat flexible sigmoidoscopy
- E. Rigid sigmoidoscopy on ward