

A 75 year old man has had a right femoro-popliteal vein graft inserted 3 weeks previously. He presents in casualty with a red, tender swelling in the right groin suggestive of an abscess. The leg is warm and viable.

What is the best initial management?

- A. Duplex ultrasound imaging and intravenous antibiotics
- B. Exploration and excision of graft
- C. Exploration, drainage of infection and in-situ replacement of graft
- D. Imaging and removal of graft with extra-anatomic grafting if limb not viable
- E. Incision and drainage, followed by a course of antibiotics

A 61 year old man with type 2 diabetes presents with an infected ulcer on his right foot. On examination he has bilateral absent ankle jerks and reduced sensation in all modalities in both legs to mid-calves.

What is the most likely diagnosis?

- A. Autonomic neuropathy
- B. Charcot's joints
- C. Chronic sensory neuropathy
- D. Motor neurone disease
- E. Multiple sclerosis

An 89 year old woman is referred from a nursing home with a gangrenous right forefoot. She is an insulin dependent diabetic and has a past history of three myocardial infarctions. Because of pain, she now has flexion contracture of the right knee.

What is the best management option?

- A. Arterial duplex with a view to reconstruction
- B. Fore foot amputation
- C. Pain control with no intervention
- D. Peripheral angiography with a view to angioplasty
- E. Primary right below knee amputation

An 80 year old woman is referred from the care of the elderly physicians with a three week history of constipation. For the last week she has had abdominal distension with vomiting. On examination she is pyrexial with a temperature of 37.8°C. She is clinically dehydrated with abdominal distension and diffuse tenderness. Bowel sounds are quiet and plain X-ray shows dilated small and large bowel loops.

What would be the most likely diagnosis?

- A. Acute appendicitis
- B. Acute diverticulitis
- C. Adhesion obstruction
- D. Carcinoma of the caecum
- E. Small bowel ischaemia

A 65 year old man is admitted with abdominal pain and vomiting. He has undergone a previous open abdominal aortic aneurysm repair. CT at the time of admission shows likely adhesion obstruction. Three days later he is still distended with high nasogastric aspirates. He has been unwell overnight with a pyrexia and tachycardia and there is some concern that he has developed a chest infection. What is the next most appropriate step in his investigation/management?

- ☐ A. Conservative management
- ☐ B. Enteral nutrition with physiotherapy
- ☐ C. Laparoscopy and adhesiolysis
- ☐ D. Laparotomy and adhesiolysis
- ☐ E. Treat the chest infection, start TPN and operate when chest improved