

Regarding Infantile hypertrophy pyloric stenosis all are true, Except:- a. None bile stain vomiting.

b. Visible Peristalsis waves.

c. palpable olive like mass at the epigastric area.

d. Pyloroplasty is the operation of choice.

e. The ultra sound is the diagnostic means

billous vomiting at 3-4 weeks children dx:

malrotation (other choices were pyloric hypertrophy , duodenal atresia , hirschsprung disease)

A 3 days old baby has bile stained vomiting since birth, What is the most likely diagnosis.

a. Congenital pyloric web.

b. Congenital hypertrophic pyloric stenosis

. c. Duodenal atresia.

d. Esophageal atresia.

e. Sliding type hiatus hernia.

Concerning hypertrophic pyloric stenosis of infants all of the following are CORRECT, EXCEPT:

Manifestations starts usually 3-4 weeks after birth

Bile stained projectile vomiting is the presenting symptom in all cases

A visible peristalsis after feeding may be seen passing from the left to right across the upper abdomen

Constipation and loss of weight are usually present

Surgery is the treatment of choice

1 month old infant bilous vomiting :

midgut malrotation

newly born presented with persistent bile stained vomiting. Straight, erect abdominal radiograph showed “double bubble” appearance in the upper abdomen. This infant has:

- A. Meconium ileus
- B. Duodenal atresia
- C. Imperforated anus
- D. Hypertrophic pyloric stenosis
- E. Congenital intussusception

Regard infantile hypertrophic pyloric stenosis, all true except.

- a. Double-bubble view on plainx-ray.
- b. May result in a metabolic alkalosis.
- c. May result in hypokalemia.
- d. Treated surgically by pyloromyotomy.
- e. Palpable olive like mass on the epigastric region.

Concerning hypertrophic pyloric stenosis of infants all of the following are CORRECT, EXCEPT: (повтор)

- A. Bile free projectile vomiting is the presenting symptom in all cases
- B. Following feeding a peristaltic wave may be seen passing from left to right across the upper abdomen
- C. The hypertrophied pylorus can be felt under the liver like an olive
- D. Loss of weight and constipation are usually present
- E. These manifestations start to appear one or two days after birth

Concerning hypertrophic pyloric stenosis of infants all of the following are CORRECT, EXCEPT:

- A. Symptoms start usually three to six weeks after birth
- B. **Forcible projectile bile stained vomiting is the usual presenting symptom**
- C. The hypertrophied pylorus can be felt like an olive in the right hypochondrium
- D. Loss of weight and constipation are usual
- E. Surgery is treatment of choice

Concerning congenital hypertrophic pyloric stenosis all the following are TRUE, EXCEPT:

- A. Non-bilious projectile vomiting is the most common
- B. Visible peristalsis may be seen passing from left to right across the upper abdomen
- C. An olive-size mass can be felt in the right hypochondrium
- D. Constipation and loss of weight are usually present
- E. **The usual management is by antispasmodics, laxatives and correction of water and electrolytes disturbances**

infants with duodenal atresia, all of the following are true except: Select one:

- a. There is increased incidence of Down syndrome
- b. It can be detected by prenatal ultrasound examination
- c. It may occur in infants with situs inversus, malrotation, annular pancreas and anterior portal vein.
- d. **It is best treated by gastroenterostomy**
- e. There is high incidence of associated cardiac defects

days old baby has bile stained vomiting since birth, What is the most likely diagnosis.

- a. Congenital pyloric web.
- b. Congenital hypertrophic pyloric stenosis.

c. Duodenal atresia.

d. Esophageal atresia.

e. Sliding type hiatus hernia.

The following are causes of intestinal obstruction in the neonates except:-

a. Meconium Ileus.

b. Hirschprung's disease.

c. Duodenal atresia.

d. Intussusception.

e. Colonic atresia

All of the following are causes of non bile stained vomiting, EXCEPT:

A. Feeding problem

B. Gastro-esophageal reflux

C. Pyloric stenosis

D. Duodenal atresia

E. Hidden infection (meningitis)

following statements are true except.

a. Duodenal atresia is treated by duodeno-duodenostomy.

b. Duodenal atresia is commonly associated with Downs syndrome.

c. Meconium ileus occurs in approximately 50% of children with cysticfibrosis.

d. Neonatal intestinal obstruction is characterized by bilious vomiting, abdominal distension and failure to pass meconium.

e. Ano-rectal atresia is more common in boys than girls.

.inverted "U" sign in : sigmoid volvulus

cause of bile stain vomitus... mid gut volvulus

newborn with imperforate anus showed the presence of meconium in the urine. The next step is:

- a. Opening a colostomy.
- b. A voiding cystourethrogram.
- c. An intravenous urethrogram.
- d. A perineal anoplasty.
- e. An abdomino-perineal pullthrough.

volvulus occur everywhere except

- A. - stomach
- B. - sigmoid
- C. Ascending colon
- D. - transverse colon ...

Clinical scenario of intestinal obstruction with bent inner tube sign at xray (dx: sigmoid volvulus) what is the treatment :

sigmoidoscopy and decompression of sigmoid colon

In ALL of the following acute abdominal conditions vomiting is NOT frequent, EXCEPT:

- A. Acute pancreatitis
- B. Perforated peptic ulcer
- C. Ruptured ectopic pregnancy
- D. Volvulus of sigmoid colon
- E. acute appendicitis

- A plain abdominal radiograph may be pathognomonic for meconium ileus when disparate bowel loops are associated with ;

Soap-bubbly appearance in the right lower quadrant and absence of small bowel air-fluid levels

Appendectomy is usually performed as a part of which procedure? Select one:

- a. Gastroschisis
- b. Congenital diaphragmatic hernia repair
- c. Ladd's procedure
- d. Laparotomy for meconium obstruction
- e. Pull-through procedure for Hirschsprung's disease

Which of the following is not a typical cause of neonatal intestinal obstruction?

- a. Intussusception.
- b. Meconium.
- c. Hirschsprung's disease.
- d. Jejunoileal atresia.
- e. Incarcerated inguinal hernia.

Which of the following statements about Hirschsprung's disease is true?

- a. It is a congenital aganglionosis of the myenteric plexus.
- b. Meconium passage is typical of the disease.
- c. It leads to lack of relaxation of the non-innervated bowel.
- d. The last 10 cm of the bowel proximal to the dentate line normally lacks plexuses.
- e. Ultrashort disease is usually detected at birth.

24. For a patient with uncomplicated meconium ileus all of the following are true except:

Urgent enterotomy

Iv rehydration with gastrographin enema

Mottling of meconium on AXR

Enterocolitis is a major complication

Hirschsprung disease true except : Decrease acetylcholinesterase

All the statements about the Hirschsprung's disease are true except :-

- a. There are no ganglion cells in the myenteric plexus.
- b. The dilated proximal bowel has no ganglion cells.**
- c. The enterocolitis is an important potential cause of mortality.
- d. It may involve the small intestine.
- e. Contrast enema identifies the transition zone

Polyhydramnios is frequently observed in all of the following conditions except: Select one:

- a. Esophageal atresia
- b. Duodenal atresia
- c. Pyloric atresia
- d. Hirschsprung's disease**
- e. Congenital diaphragmatic hernia

83. Hirschsprung disease: wrong about it

- A. Emptying of barium after 24 hours
- B. not occur in small intestine ???**
- C. Transition zone on barium enema
- D. Proximal dilated part is ganglionic
- E. Septic colitis is a cause of death

The following statements are true except.

- A. In gastroschisis there is no peritoneal sac and the eviscerated bowel is exposed to amniotic fluid during intra uterine life.
- B. Surgery for testicular torsion is an absolute surgical emergency.
- C. Failed regression of the omphalo-mesenteric (vitelline) duct, results in Meckel's diverticulum.
- D. A contrast enema in Hirschsprung's disease identifies the transition zone between the ganglionic and aganglionic segment.
- E. The aganglionic segment is the dilated proximal part of the bowel.**

