1. **Melanoma**
   a. Ulceration of the primary lesion is associated with worsening of prognosis.
   b. A brisk tumour infiltrating lymphocyte response is associated with worse prognosis.
   c. Clark’s level III implies invasion of the reticular dermis.
   d. Suspicious lesions should be evaluated by initial incisional biopsy.
   e. Sentinel lymph node mapping should be considered for lesions of intermediate depth (1-4 mm).

2. **Nerve Injuries/Hand**
   a. Flexor tendons require at least 6 weeks of immobilization for adequate healing and strength.
   b. A compound fracture of metacarpal, sustained while punching an opponent in teeth, should be treated with antibiotics.
   c. Tinel’s sign is useful in monitoring progress following nerve repair.
   d. Ulnar nerve entrapment is more common at elbow than wrist.
   e. Normal sensation over the thenar eminence is consistent with carpal tunnel syndrome.

3. **In head injury patients**
   a. Patients with acute subdural hematoma present with a lucid interval.
   b. The lowest Glasgow Coma score possible is 3.
   c. Skull fracture is a risk factor for extradural hematoma.
   d. In a patient with decreased level of consciousness, skull X-ray is the investigation of choice.
   e. Normal intracranial pressure ranges between 10-30 mmHg.

4. **Delayed recovery of consciousness following general anesthesia may be caused by**
   a. Intra-operative hypoxia.
   b. Carbon dioxide narcosis.
   c. Opioid premedication.
   d. Residual neuromuscular blockade.
   e. Hyperventilation.

5. **Factors which increase the likelihood of aspiration of gastric content at the induction of anaesthesia**
   a. Increasing age.
   b. Anxiety.
   c. Chronic Obstructive Pulmonary Disease.
   d. Major Trauma.
   e. Pregnancy.
6- Regarding Hypertrophic pyloric stenosis

- Regarding Hypertrophic pyloric stenosis
  a. There is a predominance of males 4:1 (M:F)
  b. Stenosis occurs 4-6 weeks after birth
  c. Characteristically presents with blood stained projectile vomiting
  d. 0.45% saline solution is the resuscitation fluid of choice
  e. Hypokalemic hypochloremic metabolic acidosis characterises the metabolic disturbance

7- Patients presenting with acute pancreatitis

- Hyperparathyroidism may be the underlying aetiology
- Onset of acute pancreatitis is associated with tetracycline therapy
- A normal serum amylase occurs in up to 30% of cases
- Characteristically have associated steatorrhea
- 60% of cases have detectable choledocholithiasis

8- Regarding melanoma

- Juvenile melanoma (Spitz naevus) is a benign condition
- Breslow staging of <0.75mm has predicted 5 year survival of 95-100%
- Acral lentiginous melanoma is the rarest form of melanoma
- Overall males have a better prognosis
- Locoregional radiotherapy confers a significant survival benefit

9- Risk factors for the development of colorectal carcinoma include:

- Chronic ulcerative colitis
- Peutz-Jeghers syndrome
- Gardner's syndrome
- Juvenile polyps
- Previous cholecystectomy
10- Toxic megacolon
a. Is unique to ulcerative colitis
b. Colonic perforation carries mortality of 50%
c. Is best treated with high dose corticosteroids for at least 72 hours
d. A gastrografin enema may be diagnostic
e. Occurs in 10% IBD patients

11- Regarding herniae
a. The most common hernia in females in femoral
b. Femoral herniae are classically located below and medial to the pubic tubercle
c. Herniorrhaphy invariably necessitates herniotomy
d. Inguinal hernia nearly always are congenital in origin
e. An indirect inguinal hernia will protrude through Hasselbach's triangle

12- The following are features of hyperparathyroidism
a. Osteoporosis
b. Polydipsia and polyuria
c. A technetium-99m sestamibi isotope scan would be unhelpful
d. Primary hyperparathyroidism is secondary to adenoma

13- Recognized abdominal surgical incisions include
a. A Kocher incision
b. A Commando incision
c. A Battles incision
d. A Gridiron incision
e. A Mercedes Benz incision
14- The natural history of colonic polyps:
   a. The majority are premalignant
   b. Overall villous adenomatous polyps have a poorer prognosis than tubular polyps
   c. There is a higher incidence of rectosigmoid lesions than ascending colonic lesions
   d. 85% of adenomatous polyps are tubular in nature
   e. Hereditary polyposis coli is associated with duodenal and gastric polyps

   → (The highest quoted figure I could find was 75%.)

15- The natural history of colonic polyps:
   a. Right upper quadrant pain
   b. A palpable gall bladder
   c. Pyrexia
   d. Rigors
   e. Shock

16- In inflammatory bowel disease secondary to Crohn's Disease.
   a. The rectum is usually involved
   b. Granuloma formation is characteristic
   c. There is a male predominance (M:F of 2:1)
   d. Restorative proctocolectomy potentially offers surgical cure for the disease
   e. Fistula tract formation is more suggestive of ulcerative colitis