1. **Acute peritonitis**
   - A) Complicating appendicitis is typically caused by Esch. coli.
   - B) Carries an overall mortality rate of <5%
   - C) Due to tuberculosis is usually blood-borne of pulmonary origin
   - D) Is invariably due to infection
   - E) Causes increasing abnormal rigidity as paralytic ileus develops
   - F) All correct
   - G) All wrong

2. **A patient with generalised peritonitis**
   - A) Usually has an elevated temperature and pulse rate.
   - B) Typically complains of spasmodic severe pain which causes him to be restless.
   - C) Typically vomits.
   - D) Will usually have a rapid and deep respiratory pattern.
   - E) May require paracentesis for diagnosis of the condition.
   - F) All correct.
   - G) All wrong.

3. **A perforated duodenal ulcer**
   - A) Usually lies on the anterior or superior surface of the duodenum.
   - B) Usually presents with the acute onset of severe back pain.
   - C) Produces radiological evidence of free gas in the peritoneum 90% of the patients.
   - D) Is usually treated surgically by simple closure of the perforation.
   - E) Should, if detected within the first 4 hours, be treated by famotidine.
   - F) All correct.
   - G) All wrong.

4. **Congenital pyloric stenosis**
   - A) Occurs more commonly in male children.
   - B) Usually presents in the first few days of life.
   - C) Presents with bile-stained vomiting.
   - D) Is usually diagnosed on clinical examination.
   - E) Should usually be treated surgically.
   - F) All correct.
   - G) All wrong.

5. **The following factors are known to be significantly associated with gastric ulcer disease**
   - A) Duodeno-gastric reflux.
   - B) Tobacco consumption.
   - C) Gastric hypersecretion.
   - D) Pernicious anemia.
   - E) Anti-inflammatory drug therapy.
   - F) All correct.
   - G) All wrong.

6. **The following factors are known to be significantly associated with chronic duodenal ulcer disease**
A) Oral contraceptive therapy  
B) Duodeno-gastric reflux.  
C) Pernicious anemia.  
D) Helicobacter pylorus infection.  
E) Tobacco consumption.  
F) All correct.  
G) All wrong.

7. Intestinal obstruction  
A) Of mechanical type is a complication of inguinal hernia.  
B) Of paralytic type is a feature of peripheral circulatory failure.  
C) From peritonitis is typically mechanical in type.  
D) Associated with strangulation is invariably mechanical in type.  
E) Of paralytic type eventually progresses to a mechanical type.  
F) All correct.  
G) All wrong.

8. Emergency treatment of a mechanical obstruction of the large bowel may include  
A) Enemata.  
B) Radiological examination by contrast enema.  
C) Exeriorisation of the lesion with a colostomy.  
D) A transverse colostomy.  
E) An ileo-transverse colostomy.  
F) All correct.  
G) All wrong.

9. Acute superior mesenteric artery occlusion  
A) Typically presents with sudden pain and tenderness of increasing intensity.  
B) Is frequently due to embolism  
C) Is frequently accompanied by overt or occult bloodloss in the stools.  
D) Frequently produces peritonitis.  
E) Can usually be diagnosed on plain abdominal radiographs.  
F) All correct.  
G) All wrong.

10. Recognised indications for elective peptic ulcer surgery include  
A) Recurrent ulcer despite previous peptic ulcer surgery.  
B) Chronic gastric ulcer persisting after 6 weeks medical therapy.  
C) Gastric outlet obstruct ion.  
D) Asymptomatic hour-glass deformity of the stomach.  
E) Persistently troublesome symptoms despite medical therapy.  
F) All correct.  
G) All wrong.

11. The typical clinical features of Crohn's disease include  
A) Association with tobacco consumption.  
B) Diarrhoea is more severe than in ulcerative colitis.  
C) Presentation with sub-acute intestinal obstruction.  
D) Segmental involvement in the colon and rectum.  
E) Inflammation confined to the mucosa on histology.  
F) All correct.
12. **In the treatment of patients with Crohn's disease**
   A) Medical methods have no part to play.
   B) Surgery should by the primary method of treatment.
   C) Surgical excision of affected bowel is recommend.
   D) Steroids may provide a remission in the progress of the disease.
   E) A high bulk diet should be considered.
   F) All correct.
   G) All wrong.

13. **The key difference between ulcerative colitis and Crohn's disease**
   A) Ulcerative colitis can occur at any age.
   B) Tobacco consumption is not associated with ulcerative colitis.
   C) Toxic dilatation only occurs in ulcerative colitis.
   D) Aphthous stomatitis is less common than in Crohn's disease.
   E) Colonic strictures do not occur in ulcerative colitis.
   F) All correct.
   G) All wrong.

14. **Typical features of major acute haemorrhage include**
   A) Severe abdominal pain.
   B) Angor animi and restlessness.
   C) Syncope preceding other evidence on bleeding.
   D) Elevated blood urea and creatinine concentration.
   E) Peripheral blood microcytosis.
   F) All correct.
   G) All wrong.

15. **Emergency management of bleeding oesophageal varices should include**
   A) Frequent enemas.
   B) Infusions of hypertonic saline.
   C) Intravenous potassium.
   D) Intravenous posterior pituitary extract.
   E) Vitamin K.
   F) All correct.
   G) All wrong.

16. **The level of intestinal obstruction can be determined by**
   A) Questioning the patient.
   B) Examining the patient.
   C) Radiological examination of the patient.
   D) Repeated measurement of the patient girth.
   E) Radiological examination by contrast enema.
   F) All correct.
   G) All wrong.

17. **The following statements about peptic ulcer disease are true**
   A) Absence of symptoms invariably indicates ulcer healing.
   B) Ulcer healing is delayed by tobacco consumption.
   C) Ulcer healing is promoted by the use of a bland diet.
   D) Localized epigastric pain with tenderness typifies an active ulcer.
E) E. Relapse after famotidine therapy usually indicates malignancy.
F) F. All correct.
G) G. All wrong.

18. **In the treatment** of intestinal obstruction
   A) Nasogastric suction should be instituted preoperatively.
   B) Intravenous fluid replacement is essential.
   C) Abdominal girth measurements allow one to decide when surgical intervention is required.
   D) Immediate surgery is essential.
   E) Surgery should be restricted to those cases where strangulation is diagnosed.
   F) All correct.
   G) All wrong

19. **Large bowel obstruction**
   A) Is most commonly caused by diverticular disease of the colon.
   B) Has its maximum incidence before the age of 50.
   C) Frequently presents with nausea and vomiting.
   D) Usually heralds its onset with constant suprapubic pain.
   E) May result in the grossest abdominal distension.
   F) All correct.
   G) All wrong

20. A **perforated duodenal ulcer**
    A) In males.
    B) In the second part of the duodenum.
    C) Insidious in onset.
    D) Accompanied by board-like abdominal rigidity.
    E) Preceded by exacerbation of ulcer symptoms.
    F) All correct.
    G) All wrong

21. **Uncomplicated gastric ulcers**
    A) Occur most commonly on the greater curve of the stomach.
    B) Should initially be treated medically.
    C) Commonly recur after medical treatment.
    D) Require endoscopic surveillance during treatment.
    E) Should receive surgical treatment if healing has not occurred after 8 weeks of medical treatment.
    F) All correct.
    G) All wrong

22. **Duodenal ulcers**
    A) Have an equal incidence in both sexes.
    B) Have a clinical course characterised by long periods of remission of symptoms.
    C) Are characterised by postprandial pain.
    D) Occur most commonly in the duodenal cap.
    E) Have a premalignant potential.
    F) All correct.
    G) All wrong

23. **Acute perforation of a peptic ulcer** is typically associated with
A) Acute rather than chronic ulcers.
B) Duodenal more often than gastric ulcers.
C) Abdominal pain unrelated to the extent of peritoneal soiling.
D) The absence of nausea and vomiting.
E) Symptomatic improvement several hours following onset.
F) All correct.
G) All wrong.

24. **Gastric ulcers**
   A) Occur in the same age group as duodenal ulcers.
   B) Are more common in males than females.
   C) Are more common in the upper social classes.
   D) Produce epigastric pain after meals.
   E) Are occasionally premalignant.
   F) All correct.
   G) All wrong.

25. **The treatment of chronic peptic ulceration**
   A) Sodium bicarbonate is the most effective in comparison with other antacids.
   B) Aluminium containing antacids produce diarrhea.
   C) Magnesium containing antacids produce constipation.
   D) Bismuth compounds should not be used for maintenance therapy.
   E) Oesophagitis heals less readily than duodenitis.
   F) All correct.
   G) All wrong.

26. **The following statements about intra-abdominal abscess are**
   A) Pelvic abscess typically presents with urinary retention.
   B) Constipation is a typically early feature of pelvic abscess.
   C) Lower posterior chest tenderness suggests subphrenic abscess.
   D) Abscesses are best localised by abdominal ultrasonography.
   E) Antibiotic therapy alone should resolve a subphrenic abscess.
   F) All correct.
   G) All wrong.

27. **Acute small bowel obstruction**
   A) Is commonly caused by postoperative adhesions.
   B) Accompanied by the signs of peritonitis, suggests bowel strangulation
   C) Is often associated with a raised serum amylase.
   D) Generally produces abdominal distension within 2 to 3 hours of onset.
   E) May exist with no disturbance of defecations.
   F) All correct.
   G) All wrong.

28. **In patients with intestinal obstruction**
   A) Vomiting is an invariable feature.
   B) Rectum is usually collapsed and empty.
   C) Hyperactive loud bowel sounds suggest mechanical obstruction.
   D) Absent bowel sounds suggest a paralytic type of obstruction.
   E) Abdominal tenderness suggests strangulation or peritonitis.
   F) All correct.
   G) All wrong.
29. **Strangulation of the bowel**
   A) Commonly complicates closed loop obstruction.
   B) Is difficult to distinguish from simple intestinal obstruction.
   C) Is accompanied by bleeding into the affected bowel.
   D) Frequently causes peritonitis.
   E) May result in Gram-negative septicaemia.
   F) All correct.
   G) All wrong.

30. **Faeculent vomiting is characteristic of**
   A) An upper gastrointestinal bleed.
   B) Gastrocolic fistula.
   C) Large bowel obstruction.
   D) Chronic appendicitis.
   E) Gastrroduodenal perforation.
   F) All correct.
   G) All wrong.

31. **In the treatment of gastric outlet obstruction**
   A) Surgical intervention in inevitably required.
   B) Intravenous fluids should include ammonium chloride solutions.
   C) Potassium replacement is best assessed by the urinary electrolytes.
   D) Gastric aspiration should always be undertaken prior to the surgery.
   E) Parenteral vitamin therapy is usually.
   F) All correct.
   G) All wrong.

32. **In the treatment of ileo-caecal Crohn's disease**
   A) Surgical bypass is preferable to localised resection.
   B) Antibiotic therapy should be avoided if at all possible.
   C) Corticosteroid therapy in contraindicated in the acute phase.
   D) Cholestyramine reduces the diarrhea but increases steatorrhoea.
   E) Sulphasalazine reduces the risk of small bowel obstruction.
   F) All correct.
   G) All wrong.

33. **Systemic manifestations of Crohn's disease include**
   A) Arthralgia.
   B) Finger clubbing.
   C) Growth retardation.
   D) Alopecia.
   E) Pyoderma gangrenosum.
   F) All correct.
   G) All wrong.

34. **Recognised complications of ulcerative colitis include**
   A) Pyoderma gangrenosum.
   B) Pericholangitis.
   C) Aphthous mouth ulcers.
   D) Colonic carcinoma.
   E) Enteropathic arthritis.
F) All correct.
G) All wrong.

35. **When acute gastroduodenal haemorrhage is suspected**
   - A) A pulse rate of 120 minute is most likely to be due to anxiety.
   - B) Hypotension without tachycardia suggests an alternative diagnosis.
   - C) The absence of anemia suggests the volume of blood loss is modest.
   - D) Naso-gastric aspiration provides an accurate estimate of blood loss.
   - E) Endoscopy is best deferred pending blood volume replacement.
   - F) All correct.
   - G) All wrong.

36. **Bleeding oesophageal varices**
   - A) Are due to extra-hepatic causes in the majority of cases.
   - B) Can usually be controlled long term with a Sengstaken tube.
   - C) Usually present in the third decade.
   - D) Are usually accompanied by hypokalemia.
   - E) Should be treated with hypertonic saline infusions.
   - F) All correct.
   - G) All wrong.

37. **Abdominal distension in mechanical intestinal obstruction is partly produced by**
   - A) Swallowed air.
   - B) Carbon dioxide produced in the bowel.
   - C) Increased intestinal secretions proximal to the obstruction.
   - D) Decreased intestinal absorption proximal to the obstruction.
   - E) Peritoneal exudate.
   - F) All correct.
   - G) All wrong.

38. **Small bowel obstruction often results in**
   - A) Hyperkalemia.
   - B) Metabolic alkalosis.
   - C) Oliguria.
   - D) Hypovolemia.
   - E) Epancreatitis.
   - F) All correct.
   - G) All wrong.

39. **Patients with acute colonic diverticulitis**
   - A) Often present with a history of recent lower abdominal colic.
   - B) Often present with a pyrexia.
   - C) Can be frequently diagnosed on sigmoidoscopic appearances.
   - D) Frequently develop faecal peritonitis.
   - E) Can generally be treated successfully with antibiotics and supportive therapy.
   - F) All correct.
   - G) All wrong.

40. **Characteristic features of gastric outlet obstruction include**
   - A) Metabolic acidosis.
   - B) Bile vomiting.
C) Urinary pH 5
D) Symptomatic relief after vomiting. E. Absent gastric peristalsis.
E) All correct.
F) All wrong.