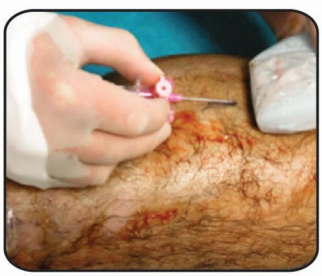
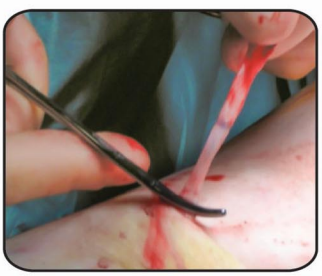
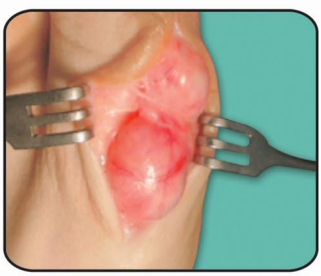
OSCE in Clinical Surgery

Must buy book for DNB General Surgery trainee and Post MS DNB General Surgery aspirants

Compilation of

- Image base questions, Previous years DNB recall OSCE questions, Biostatistics
- Spotter images (Instruments, histopathology images, radiology images)
- Key concepts

Updated from standard textbooks
Bailey and Love 28/E
SRB's Manual of Surgery 7/E
Sabiston 21/E
Schwartz 11/E
Campbell Urology 11/E

Himanshu Prasad

JAYPEE

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SECTION

6

Skin, Plastic and Reconstructive

27. Skin and Subcutaneous Tissue
28. Burns

27 Skin and Subcutaneous Tissue

CHAPTER

QUESTIONS

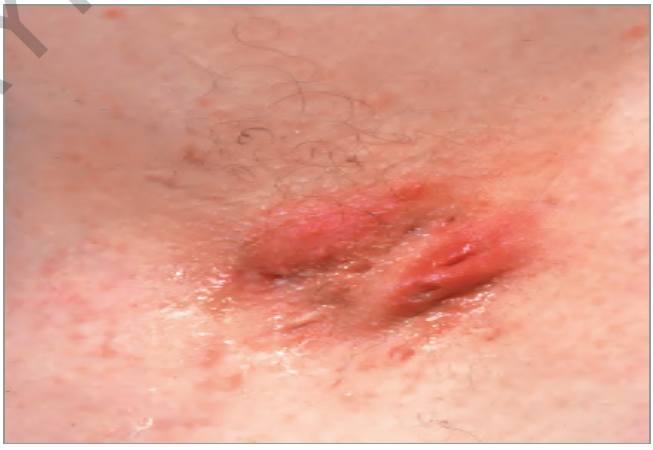
Q1. Answer the following:

a. Enumerate the layers of epidermis in sequence.
b. What is the embryological origin of melanocytes and in which layer of epidermis it is present?
c. Name the only smooth muscle present in epidermis and function of the muscle.

Q2. A 55-year-old lady came with c/o generalized skin lesion as shown, gradually increasing in size as well as in numbers; her mother and 2 siblings also have the same lesions. Answer the following.

a. What is the likely diagnosis?
b. Describe the etiopathogenesis.
c. Enumerate the associated lesions in this patient.

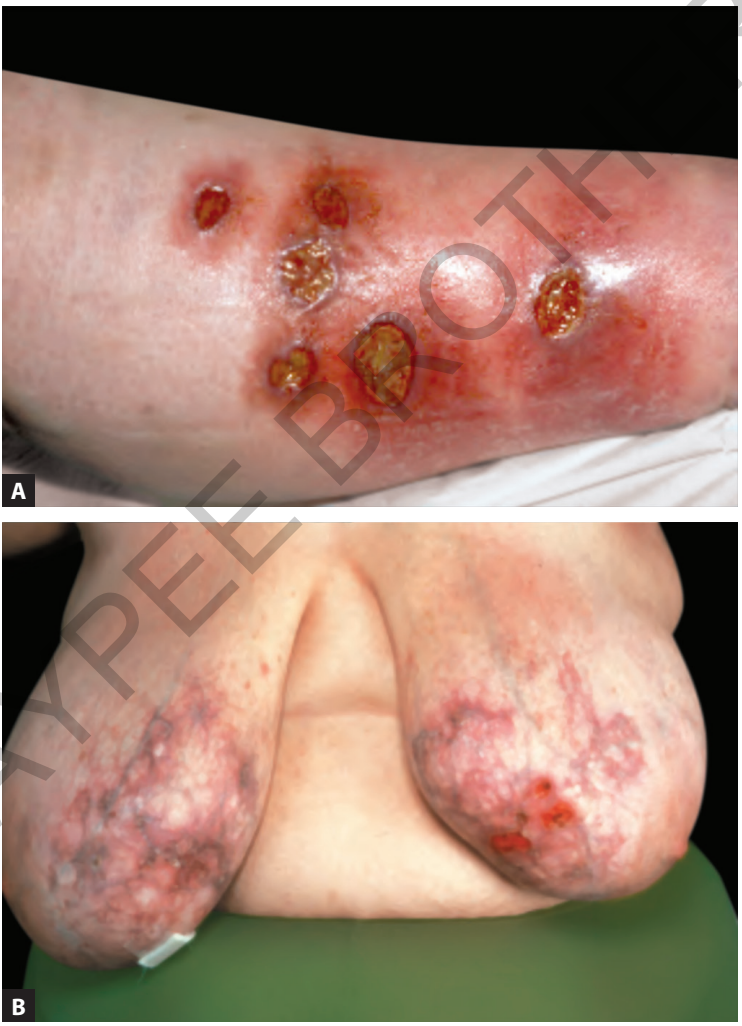
Q3. An obese [body mass index (BMI) 30.1 kg/m^2] 18-year-old girl came in clinic with axillary lesion as shown in picture. Answer the following.



Source: Bailey and Love, 28th edition, page 642.

a. What is the likely diagnosis?
b. M/C causative agent and etiopathogenesis?
c. What is the management?

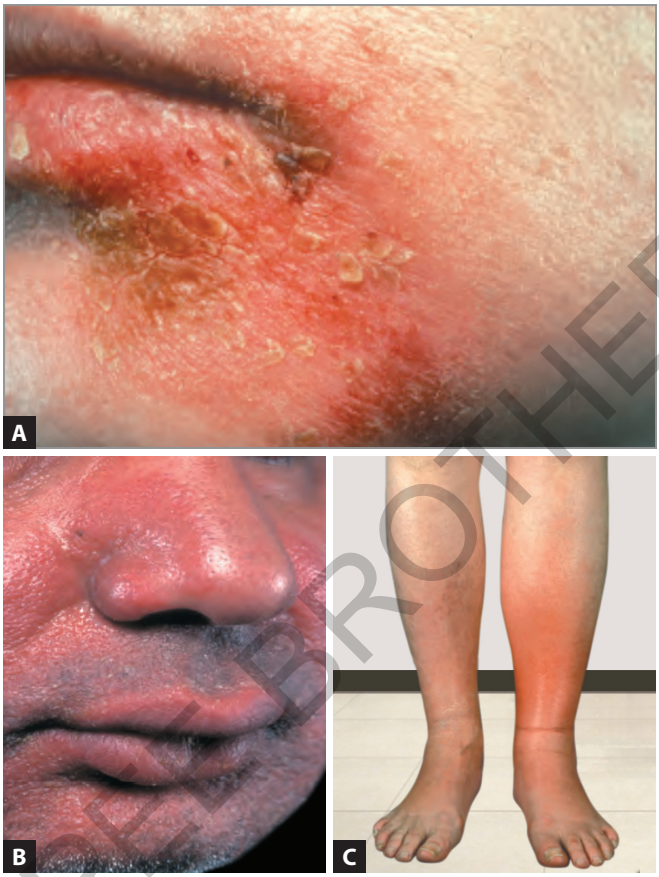
Q4. A 52-year-old female came with purple undermined edges cutaneous ulcerative lesion over leg and breasts as shown in photograph a and b. She is known case of inflammatory bowel disease.



Source: Bailey and Love, 28th edition, page 643.

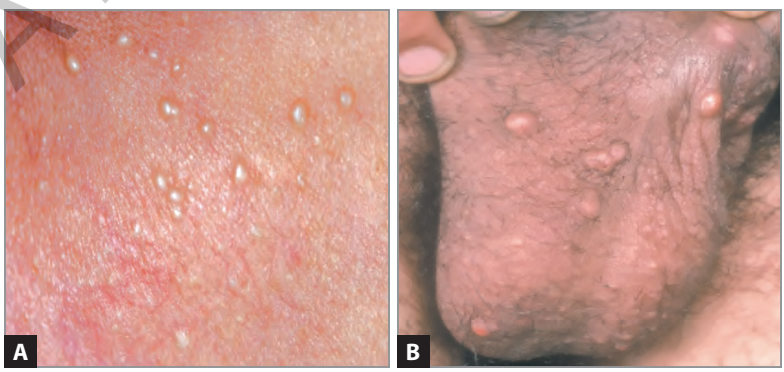
a. What is the diagnosis?
b. What is the management of this condition?

Q5. Identify the diagnosis in images A, B, and C.

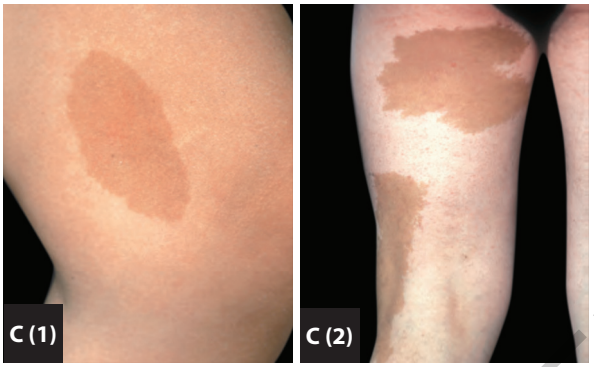


Source: Bailey and Love, 28th edition, pages 643 and 644.

Q6. Identify the skin lesions depicted in given pictures.

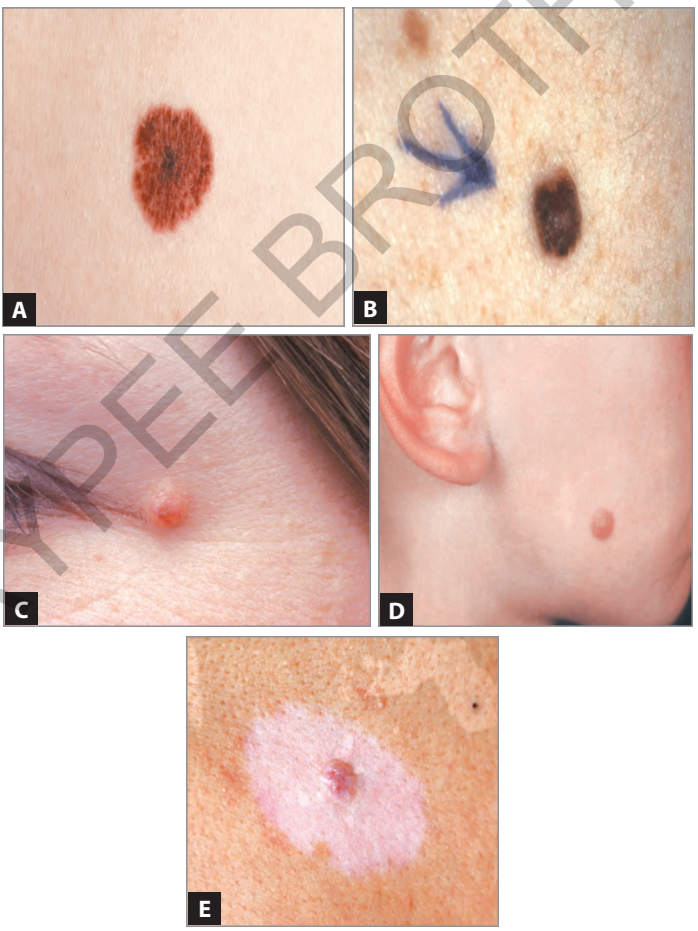


Source: Bailey and Love, 28th edition, pages 645 and 646.



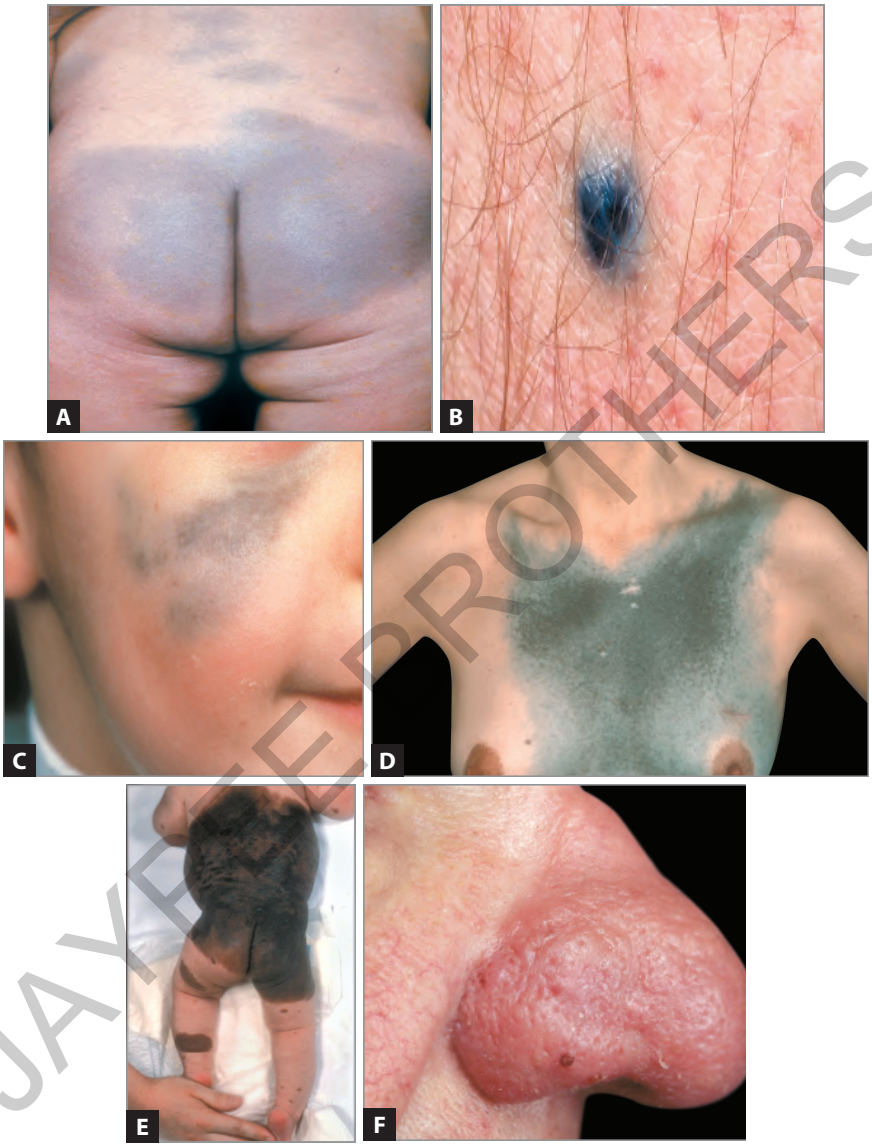
Source: Bailey and Love, 28th edition, page 648.

Q7. Identify the skin lesions depicted in given pictures.



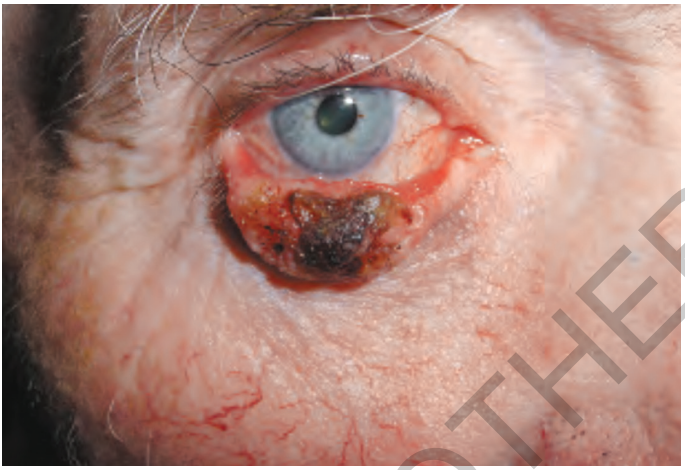
Source: Bailey and Love, 28th edition, pages 646 and 647.

Q8. Identify the skin lesions in the given pictures.



Source: Bailey and Love, 28th edition, pages 648 to 651.

Q9. **A 57-year-old female, labor by occupation came with c/o gradually increasing ulcerative lesion from 2 years.**

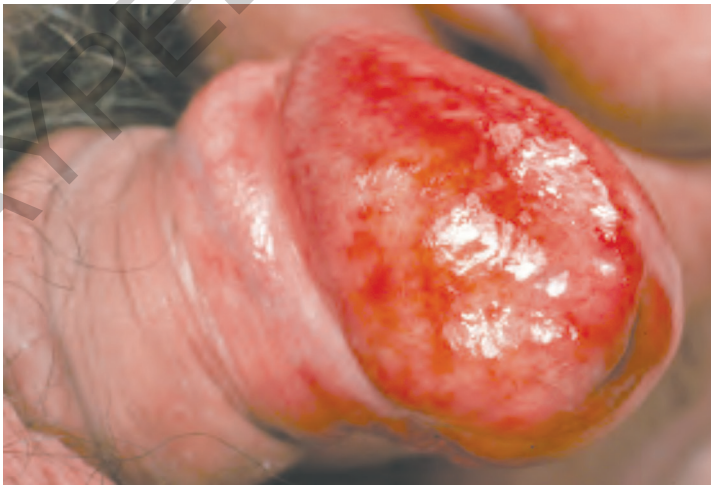


Source: Bailey and Love, 28th edition, page 652.

a. What is the likely diagnosis in the photograph shown here and mention the variants?
b. What is the etiopathogenesis of this condition?
c. What is the treatment of this condition?

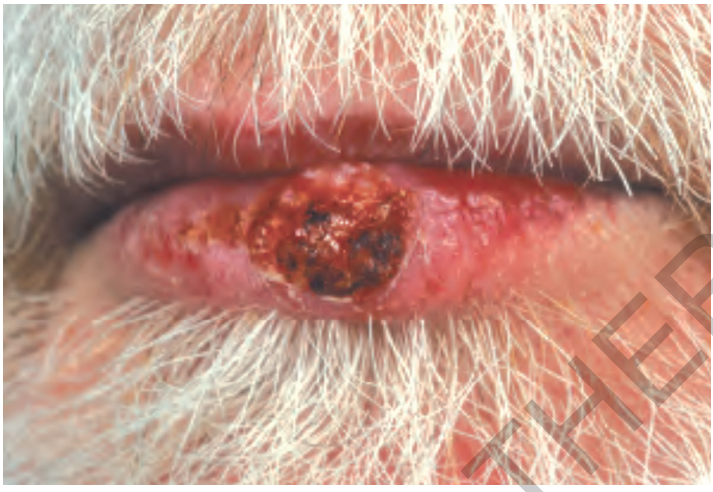
Q10.

a. What is the most likely diagnosis in given pictures?



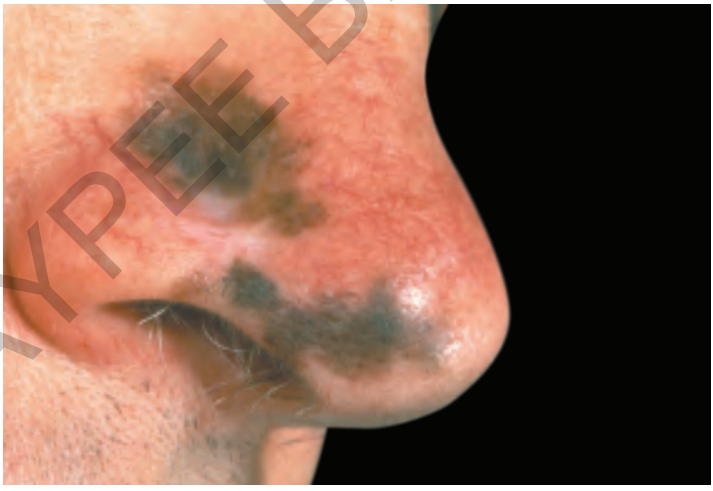
Source: Bailey and Love, 28th edition, page 654.

b. What is the appropriated treatment approach for this condition?



Source: Bailey and Love, 28th edition, page 655.

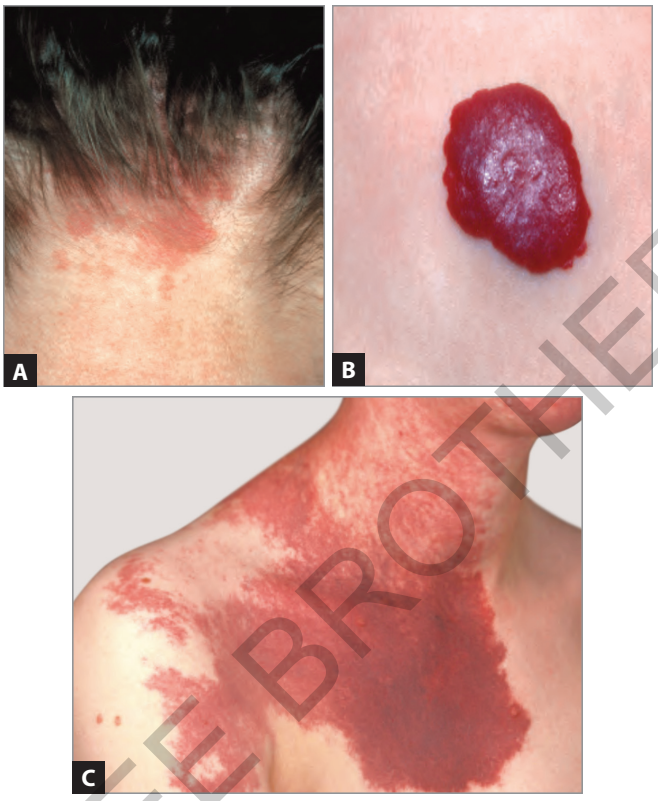
Q11. A 32-year-old fair colored female came with skin lesion as shown in photograph, which is rapidly increasing in size. She is clinically diagnosed with malignant melanoma.



Source: Bailey and Love, 28th edition, page 656.

a. What are the macroscopic features in nevi suggestive of malignant melanoma?
b. Enumerate the variants of melanoma.
c. What is the appropriate management for this condition?

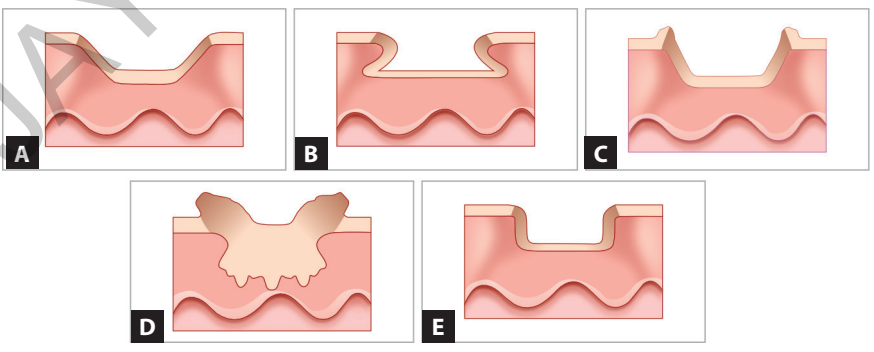
Q12. Identify the vascular lesions given in the pictures.



Source: Bailey and Love, 28th edition, pages 660 and 661.

Q13.

a. Define ulcer.



Source: Bailey and Love, 28th edition, page 663.

b. Identify type of ulcers by clinical edges of the ulcer and give one example of each as shown in diagram.

ANSWERS

Ans. 1 a.
- Stratum basalis (deep)
- Stratum spinosum
- Stratum granulosum
- Stratum lucidum
- Stratum corneum (superficial)

b. Melanocytes are dendritic cells which originate from neural crest. Located in the basal epidermis.

c. Arrector pili muscle—Hair elevation at the time of stress and cold.

Ans. 2 a. Neurofibromatosis

b. This condition is autosomal dominant, develops from genetic mutation with variants.

Neurofibromatosis type I (NF1)/Von Recklinghausen's disease—Chromosome-17
Neurofibromatosis type II (NF2)—Chromosome-22
Schwannomatosis—Chromosome-22

c. More than five café-au-lait spots
Armpit or groin freckling
Lisch nodules

Ans. 3 a. Hidradenitis suppurativa (HS)

b. Etiopathogenesis—Caused by follicular occlusion followed by folliculitis, with secondary infection by skin flora (most commonly *Staphylococcus aureus* and Propionibacterium acnes)

c.
- Lifestyle modification—stop smoking and lose excess weight.
- Conservative management—antiseptic soaps, tea tree oil, and wearing noncompressive and aerated undergarments.
- Medical treatments include topical and oral antibiotics and anti-androgen drugs.
- Surgical management (in selected cases)—Radical excision of lesion with reconstruction.

Ans. 4 a. Pyoderma gangrenosum (PG)

b. Management—Local wound care with topical antibiotic application
Steroid therapy—Surgical debridement is rarely indicated (may exacerbate the condition—mostly patients are immune-compromised).

Ans. 5
- *Image A:* Impetigo (honey-colored crust)
- *Image B:* Erysipelas (sharply demarcated erythema and edema on face)
- *Image C:* Cellulitis affecting left leg

Ans. 6
- *Image A:* Milia (small, hard, and keratin retention cysts mostly over the face)
- *Image B:* Multiple scrotal epidermal cysts (cystic lesion fixed to the skin with central punctum)
- *Image C:* Cafe-au-lait spots (coffee-colored macules of variable size, two topographical variants:
  1. Smooth border –"coast of California"
  2. Irregular border "coast of Maine"

Ans. 7
- *Image A:* Junctional nevus (deeply pigmented macules or papules)
- *Image B:* Compound nevus (maculopapular, pigmented lesion, and becomes most prominent at adolescence)
- *Image C:* Intradermal nevus (intradermal nevi are faintly pigmented)
- *Image D:* Spitz nevus (reddish brown nodules, occasionally deeply pigmented)
- *Image E:* Halo nevus (halo of depigmentation around any benign nevus)

Ans. 8
- *Image A:* Mongolian spot (congenital blue gray macule found on the sacral region, pigmentation initially deepens and regresses completely by age 7 years)
- *Image B:* Blue nevus (benign skin lesion, four times more common in children and affecting the extremities and face)
- *Image C:* Nevus of Ota (dermal, melanocytic hamartoma, blue or gray macule in the trigeminal V1 and V2 dermatomes)
- *Image D:* Nevus of Ito (dermal melanocytosis in the shoulder region)
- *Image E:* Giant congenital pigmented nevus (GCPN) or giant hairy nevus (hamartoma of nevo-melanocytes, tendency to dermatomal distribution)
- *Image F:* Rhinophyma (end-stage sequela of nasal acne rosacea, nasal sebaceous gland hypertrophy, and hyperplasia more affect elderly men).

Ans. 9

a. Ulcerating basal cell carcinoma on the lower eyelid.
   - Variants—localized nodular
     - Nodulocystic
     - Cystic
     - Pigmented
     - Nevoid
   - *Generalized—superficial:* Multifocal and superficial spreading; *Infiltrative:* Morpheic, ice pick, and cicatrizing.

b. Etiopathogenesis—slow-growing and locally-invasive, malignant tumor of pluripotential epithelial cells arises from basal

OSCE in Clinical Surgery

No book is perfect! This book is a compilation of images, spotters, important key concepts, tables and charts that need to be revised and will help for prompt response while attempting objective structured clinical examination (OSCE) questions. The OSCE is a time-bound examination format, adjust your responses based on your studies and the examination's question structure.

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