Surgery notes for competitive examinations  
Dr Sreeja S

Intervals, Durations etc.

Abdomen
- Interval appendicectomy - two months after acute attack
- Appendicular mass resolves within three days or else it forms appendicular abscess by 5 to 10 days.
- Appendicular mass is to be operated immediately after it resolves.
- Cholecystectomy for acute cholecystitis is preferably done after 8 to 10 weeks.
- Colostomy matures after two months and it can be closed thereafter.
- In carcinoma pancreas, death usually occurs in six months after obstructive jaundice.
- Chronic intestinal ischaemia—Pain in abdomen occurs in 30 minutes after food intake.
- Return of intestinal motility after operation occurs after 16 hours.
- Duodenal blow out occurs on 4th postoperative day of gastrectomy.
- Stoma should be open after polyagastrectomy by 3rd day.
- Stoma should be open after Billroth 1 operation in five days.
- Postoperative obstruction by fibrinous adhesions occurs in three to six postoperative days, m) Postoperative obstruction by fibrous adhesions—anytime,
- Splenectomy in hereditary spherocytosis done best at 7 years (if asymptomatic),
- Schistosomiasis (Egyptian splenomegaly)—Survival after ascites only 6 to 12 months,
- Obstructive appendicitis—Gangrene occurs in 12-18 hours.
- Choledochal cysts are seldom seen before six months of age.
- Acute pancreatitis—Pseudopancreatic cyst may form at the end of 2nd week. Abscess after 3rd week.

General
- Wound tensile strength approaches that of normal tissue by six months but 100% normal after 2 year only.
- Primary suture of wound—within six hours.
- Crushed and devitalised wounds. Delayed primary suture in 4 to 6 days after injury.
- Embolectomy is to be done within 10 hours.
- Graft rejection - Inflammation appears by 4th day (first set response). Sloughs appear by 10th day. If again grafted from same donor (second set response) sloughs by 6th day.
- After starting treatment with stilbesterol, for prostatic carcinoma histological changes in 48 hr. Symptoms improve in 2 weeks and prostate smaller in size by 3 to 4 weeks.
- In thyrotoxicosis
  - Treatment with carbimazole, symptoms relieved after 7 to 14 days.
  - Treatment with 1I31 in 8 to 12 weeks, patient becomes asymptomatic.
  - Repeat the dose after 12 weeks if necessary. -1 Antithyroid drugs can be given 48 hr after I’31.
- Postoperative thyroid insufficiency manifests in 2 to 3 days after thyroidectomy.
- Response to iodine in thyrotoxicosis is seen in 24 hours (quickest acting).
- Parathyroid tetany manifests on 2nd or 3rd postoperative day after thyroidectomy.
- Pregnancy is contraindicated for 3 years after operation for breast carcinoma.
- In haemorrhage, physiologically fluid loss is replaced immediately.
- Stored blood for transfusion, platelets live for 3 days.
- RBC are suitable for transfusion for 3 weeks after collection.
- RBC become functional in the body 3 days after transfusion.
- Phenindione and dicumarol start acting after 36—48 hr.
- Prothrombin estimation not valid within 6 hr after heparin.

Paediatric Surgery
- Cleft lip operated at 3 months of age.
- Cleft palate operated at 1V2 to 2 years.
- Exomphalos major operated within few hours.
- Surgery for sacrococcygeal teratoma—soon after birth
- Orchiectomy for undescended testes—2 years (essentially before puberty)
- Operation for Hirschprung's disease—after the child gains 8 kg weight and is well thriving
- Hirschsprung's disease, symptoms appear in 3 days after birth
- Congenital hypertrophic pyloric stenosis—symptoms appear at 3 to 6 weeks of age
- Ectopia vesicae—Diversion of urine best done at 4 to 6 weeks.
- Operation for patent vitellointestinal duct at 6 months of age
- Neonatal tetanus occurs within 5-15 days. Usually around 8th day. So called 8th
• Operation for ASD—first decade
• Operation for PDA—before the child goes to school
• Fallot’s tetralogy in infancy—palliative correction
• Posterior fontanelle closes at the age of 4 months.
• Anterior fontanelle closes at the age of 9-18 months.
• Newborn passes urine usually within 24 hours,
• Newborn passes meconium usually within 12 hours,
• Witch’s milk appears on 3rd day; disappears in 3 weeks,
• Alpha-fetoprotein disappears in a few weeks after birth.

Neurosurgery
• Reaction of degeneration occurs in 3 weeks after nerve injury.
• Irreversible changes at motor end plates after denervation seen after 18 months.
• Meningitis after head injury develops in 3-5 days.
• Extravascular haemorrhage usually presents before 18 hours after injury.
• In head injury, prophylactic anticonvulsants are given for 6 weeks.
• In post-traumatic epilepsy, or after major head injury, antiepileptics are given for 3 years.
• Idiopathic epilepsy is rare before 6 years and after 30 years, h) Spinal concussion—Recovery occurs in 24-48 hours.
• Spinal injury—Mass reflex appears at 3-6 weeks.

Orthopaedics
• Menisci injury heals in 6 weeks.
• X-ray signs in osteomyelitis seen in 2-3 weeks.
• Angular deformities of limbs ( genu valgum or varus) and in-toeing spontaneously correct by 6 weeks. If necessary, correction done after 6 weeks
• In-toeing in girls for cosmetic purpose—operation at about 11 years of age.
• Earliest X-ray sign in myositis ossificans is a cloud of new bone by 4-6 weeks after injury

Medicine
• Pulmonary infarction signs detectable in X-ray in 12 hours.
• X-ray positive for pneumonia 12-18 hours after symptoms appear.
• Vitamin C stores last for 21/2 to 3 months.
• B12 stores last for 3 years.
• Thiamine stores last for few weeks.
• Drug induced hepatitis occurs within 2 weeks after drug intake.
• Recovery of vision in multiple sclerosis occurs usually 4-6 weeks after attack.
• Post streptococcal glomerulonephritis—1 to 3 weeks after streptococcal infection. Post streptococcal rheumatic fever 2-3 weeks after sore throat,
• After myocardial infarction, leukocytosis peaks on 1st day, fever peaks on 3rd or 4th day
• Dressier’s syndrome - few weeks or months after myocardial infarction; recovers in a fewdays.
• Myocardial infarction surgical repair lesions after 6 weeks.
• Time to reach normal counts in CML with busulphan: 12-18 weeks,
• Idiopathic thrombocytopenic purpura remits in young in 2-3 weeks,
• Rose-Waaler test in rheumatoid arthritis positive after 18 months,
• Reiter’s disease—1-3 weeks after sexual intercourse or dysentery.

Gynaecology and Obstetrics
• Myomectomy—6 months after caesarian.
• Time for Huhner’s test or Sim’s test—2 hours after and within 16 hours of intercourse.
• Fistulas develop 10 days after ureteral ligation or interfering with its blood supply.
• In prolonged labour, the urinary fistulae develop usually on 5th day.
• Forceps etc., instrumentation—the urinary fistulae develop immediately.

Commonest Site of Lesion
1) Erysipelas Face and scrotum
2) Cellulitis Scrotum and scalp
3) Sebaceous cyst Scalp, face, scrotum
4) Keloid Sternum, face, neck
5) Lymphangioma and haemangioma Tongue, lip
6) Carbuncle Back, nape of neck and shoulders
7) Implantation dermoid Hand and finger
8) Dermoid cyst External angle of eye
9) Subcutaneous lipoma Shoulder, back, buttock
10) Perforating ulcer Under the base of 1st metatarsal
11) Instrumental perforation of oesophagus Cricopharyngeal area
12) Dercum's disease Trunk
13) Soft fibroma Face
14) Gangrene by ergot Fingers, nose & ear
15) Phlebolith Pelvic veins
16) Molluscum fibrosum Neck, trunk & face
17) Sclerosing angioma Limbs (dermatofibroma or subepidermal nodular fibrosis)
18) Kaposi's sarcoma Limbs
19) Granuloma pyogenicum Face, fingers, toes
20) Corn Toes, feet
21) Callosity Hand (gardener's hand)
22) Malignant melanoma Male—trunk, females—leg
23) Hutchinson's melanotic freckle Sun exposed area
24) Subungual exostosis Great toe
25) Hyperpigmentation in Addison's disease Exposed areas and creases of palms
26) Pregnancy tumour Gums and tongue
27) Pseudo tumour in hyperparathyroidism Jaws
28) Erythema multiforme Extensor surfaces
29) Psoriasis Knee, elbow, scalp
30) Inverse psoriasis Body folds (severe itching present)
31) Miliaria Covered areas
32) Chronic discoid lupus Face (tack like scales)
33) Tinea versicolor Trunk
34) Keratoderma blennorrhagicum Sole of the foot

Commonest Site of Intestinal Lesions

<table>
<thead>
<tr>
<th>Lesion</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Lipoma</td>
<td>Caecum</td>
</tr>
<tr>
<td>2) Lymphoma (non-Hodgkins)</td>
<td>Stomach</td>
</tr>
<tr>
<td>3) Adenomatous polypi</td>
<td>Sigmoid, rectum</td>
</tr>
<tr>
<td>4) Polypi in Puetz-Jeghers syndrome</td>
<td>Always jejunum is involved</td>
</tr>
<tr>
<td>5) Familial polyposis and Gardner's syndrome</td>
<td>Colon</td>
</tr>
<tr>
<td>6) ZES gastrinoma</td>
<td>Pancreas</td>
</tr>
<tr>
<td>7) Carcinoma small intestine</td>
<td>Jejunum</td>
</tr>
<tr>
<td>8) Carcinoma colon Sigmoid colon &amp; rectosigmoid junction</td>
<td></td>
</tr>
<tr>
<td>9) Tuberculous ulcer</td>
<td>Small intestine (transverse)</td>
</tr>
<tr>
<td>10) Typhoid ulcer</td>
<td>Small intestine (longitudinal)</td>
</tr>
<tr>
<td>11) Crohn's disease</td>
<td>Starts at or near ileocaecal valve</td>
</tr>
<tr>
<td>12) Ulcerative colitis</td>
<td>Starts at rectum</td>
</tr>
<tr>
<td>13) Hirschsprung's disease</td>
<td>Usually upper limit is rectosigmoid junction</td>
</tr>
<tr>
<td>14) Diverticulosis 90% in</td>
<td>Sigmoid (rectum is never involved)</td>
</tr>
<tr>
<td>15) Perforation in typhoid</td>
<td>Small intestine near ileocaecal junction</td>
</tr>
<tr>
<td>16) Pneumatositis cystoidis</td>
<td>Small intestine</td>
</tr>
<tr>
<td>17) Immobile part of colon</td>
<td>Last 7.5 cm of pelvic colon</td>
</tr>
<tr>
<td>18) Loop colostomy</td>
<td>Transverse colon</td>
</tr>
<tr>
<td>19) Commonest type of intussusception</td>
<td>Ileocaecal intussusception</td>
</tr>
<tr>
<td>20) Intussusception in infant</td>
<td>Last 50 cm of ileum</td>
</tr>
<tr>
<td>21) Intussusception in old people</td>
<td>Colocolic by papillary carcinoma</td>
</tr>
<tr>
<td>22) Intussusception in adolescent</td>
<td>Think of inverted Meckel's diverticulum</td>
</tr>
<tr>
<td>23) Volvulus neonatorum</td>
<td>Midgut (whole small intestine &amp; caecum)</td>
</tr>
<tr>
<td>24) Volvulus small intestine</td>
<td>Lower ileum</td>
</tr>
<tr>
<td>25) Ischaemic colitis</td>
<td>Splenic flexure</td>
</tr>
<tr>
<td>26) Dilatation of gut in</td>
<td>Chagas disease Oesophagus &amp; colon</td>
</tr>
<tr>
<td>27) Rupture in blast injury</td>
<td>Pelvic colon</td>
</tr>
<tr>
<td>28) Amoebiasis</td>
<td>Sigmoid colon</td>
</tr>
</tbody>
</table>

Habitat of Parasites

- a) Whip worm (T. trichura) Caecum, lower ileum, colon & appendix
- b) Thread worm (Enterobius) Develops in small intestine, lives in large intestine
- c) Strongyloidosis Upper small intestine
- d) C. mesnili Caecum
- e) T. tenax Teeth and gums
- f) E. hominis & E. intestinalis Large intestine
g) Taenia solium & saginata
h) Giardia intestinalis
i) H. nana

Common in Females
Postcricord carcinoma
Carcinoïd
Retropitoneal lipoma
Gall stones
Choledochus cyst (4 times)
Ca. gall bladder & bile ducts
Osteoclastoma
Chromophobe adenoma
Basophil adenoma
Meningiomas of spinal cord
Glossodynia
Cushing’s
Takayasu disease
Raynaud’s phenomenon
Subclinoïd aneurysms

Common in Males
Carcinoma oesophagus
Carcinoma larynx
Carcinoma colon
Symptomatic Meckel’s diverticulum
Volvulus sigmoid colon
Carcinoma stomach, carcinoma pancreas
Kaposi’s sarcoma
Rhinophyma
Nasopharyngeal fibroma
Pilonidal sinus
Ischiorectal abscess
Neurofibromas of spinal cord
Quinsy
Buerger disease
Carbuncle
Mastitis of puberty
Congenital hypertrophic pyloric stenosis (1st born male child)
Hirschsprung’s disease
Presbyoesophagus (diffuse spasm)

Ulcerative colitis
Volvulus caecum
Redundant colon
Pneumococcal peritonitis
Pseudomyxoma peritonei
Congenital cystic kidney
Ureterocele
Urethrocèle
Hallux valgus
Idiopathic scoliosis
Polymyositis (3 times)
Scleroderma (3 times)
Rh. arthritis (3 times)
SLE (9 times)
SJogren’s (9 times)
Myasthenia
Senile osteoporosis
Trigeminal neuralgia
Pernicious anaemia
ASD, PDA Mitral valve prolapase

Alternative Names
1) Corn
2) Boil
3) Stye
4) Sebaceous cyst
5) Keratoacanthoma
6) Sclerosing angioma
7) Malherbe’s epithelioma
8) Port wine stain

Grain
Furuncle
Hordeolum
Wen
Molluscum sebaceum
Dermatofibroma or subepidermal nodular fibrosis
Benign calcifying epithelioma
Naevus flammeus
9) Salmon patch | Stork bites
10) Basal cell carcinoma | Rodent ulcer
11) Turban tumour | Cylindroma
12) Buerger's disease | Thromboangiitis obliterans
13) Acrocyanosis | Cancrum puellarum frigidum
14) Bedsores | Decubitus ulcers
15) Terminal pulp space infection | Felon
16) Osteogenesis imperfecta | Brittle bones
17) Osteopetrosis | Marble bones (Albers-Schonberg disease)
18) Melorheostosis | Candle bone (Leri's disease)
19) Osteopoikilosis | Spotted bones
20) Osteopathia striata | Striped bones
21) Progressive diaphyseal dysplasia | Englemen's disease
22) Nail-Patella syndrome | Osteo-onychodysplasia
23) Morquio-Brailford disease | Chondro-osteodystrophy
24) Hurler's syndrome | Gargoylism
25) Tibia vara | Blount's disease
26) Cleido-cranial dysostosis | Anosteoplasia
27) Multiple chondromatosis | Oiler's disease (dyschondroplasia)
28) Multiple exostosis | Diaphyseal aclasis
29) Tuberous sclerosis | Epiloeia
30) Alaxia telangiectasia | Louis-Barr syndrome
31) Wilson's disease | Hepatolenticular degeneration
32) Tay-Sachs disease | Amaurotic family idiocy
33) Abeta lipoproteinaemia | Acanthocytosis or Bassen-Kornweig syndrome
34) Shock lung | Adult respiratory distress syndrome
35) Adolescent coxa vara | Slipped epiphysis
36) Paget's disease | Osteitis deformans
37) Torticollis | Wry neck
38) Urticaria | Hives
39) Takayasu disease | Pulseless disease
40) Adolescent kyphosis | Scheurmann's disease
41) Kawasaki disease | Mucocutaneous lymph node syndrome
42) Riley- Dey syndrome | Familial dysautonomia

**Lining Epithelium**

1) Umbilical adenoma (raspberry tumour) | Columnar epithelium rich in goblet cells
2) Branchial cyst | Squamous epithelium
3) Branchial fistula | Ciliated columnar epithelium
4) Cystic hygroma | Endothelium with mosaic appearance
5) Sebaceous cyst | Superficial squamous cells
6) Dermoid cyst | Squamous epithelium
7) Choledochus cyst | Lining epithelium absent
8) False cyst of spleen | No lining, contains blood stained fluid and cholesterol crystals
9) Pseudopolyposis | Epithelial thickening
10) Pulsion diverticulum | Fibrous tissue, can cause contracture of bladder neck
11) Ranula | Macrophages
12) Uterus | Ciliated columnar epithelium
13) Cervix | Columnar epithelium
14) Ovary | Serous epithelium with peritoneum
15) Vagina | Stratified squamous epithelium
16) Amnion Outer layer | Stratified squamous epithelium
   Inner layer | Epidermis
17) Chorion Outer layer | Trophoblast
   Inner layer | Primary mesenchyme
18) Pseudomucinous cyst ovary | Amniotic ectoderm
19) Papillary cyst of ovary | High columnar epithelium
20) Serous cyst of ovary | Ciliated columnar epithelium
21) Mouth, pharynx except nasopharynx | Stratified squamous epithelium
22) Tonsils | Stratified squamous epithelium
23) Larynx (except vocal cords) | Ciliated columnar epithelium
24) Vocal cords | Stratified squamous epithelium
25) PNS nose, trachea | Stratified columnar ciliated epithelium
26) Nasal polyp

**Signs**

1) Balance's sign
   - In rupture spleen, shifting dullness is present on right side
2) Kehr sign
   - Irritation of dome of diaphragm produces shoulder pain
3) Battle's sign
   - In posterior cranial fossa fracture, behind foramen magnum, ecchymosis appears at tip of mastoid in 3-4 days
4) Cullen's sign
   - Grey-Turner sign
   - Blue hue around umbilicus
   - Ecchymosis in loin in intraperitoneal haemorrhage & Haemorrhagic pancreatitis
5) Sign de-Dance
6) Homan's sign
7) Moses sign
   - Tenderness (thrombophlebitis of leg)
8) Acute appendicitis
   - Rovsing's sign
   - Pressure in left iliac fossa causes pain in Rt. iliac fossa
   - Cooper's sign
   - Tenderness is best elicited in left lateral position
   - Murphy's sign
   - Catch of breath in inspiration
9) Moynihan's sign
   - In acute cholecystitis
10) Boas sign
    - Hyperaesthesia below 9th rib, posteriorly on right side
11) Troisier's sign
    - Enlarged supraclavicular lymph node in Ca. stomach
12) Blumberg's sign
    - Rebound tenderness
13) Mathe's sign
    - Normally in erect posture, kidney is at lower level than lying down posture. No change is seen in perinephric abscess
14) Verumonten sign
    - In complete rupture of urethra, P/R shows floating prostate
15) Marion's sign
    - Seen in benign prostatic enlargement
16) Victor Horsely's sign
    - Temperature 1-2 deg higher on paralysed side
17) Step sign
    - In spondylolisthesis and also in acromioclavicular dislocation
18) Tent sign
    - In ovarian cyst, the vaginal fornix on that side is deep like a tent
19) Verumonten sign
    - In complete rupture of urethra, P/R shows floating prostate
20) Milian's ear sign
    - In erysipelas, vesicles extend into ear; in cellulitis, they do not
21) Hook sign
    - In tenosynovitis, flexion of fingers produces severe pain from distal end to proximal end induces tingling sensation
22) Tinel 's sign
    - Percussion along the course of a regenerating nerve in ulnar bursitis
23) Kanavel's sign
    - Tenderness in between transverse palmar creases in vascular sign of Narath
24) Scarpa's triangle
    - In anterior dislocation of hip, femorals are felt easily in Nicodoni 's or Branham sign rate
25) Nicoladoni's sign
    - In AV aneurysm, proximal compression decreases pulse
26) Chvostek's sign
    - Tapping the side of facial nerve elicits spasm in latent tetany
27) Trousseau's sign
    - Eliciting carpal spasm in latent tetany by raising the pressure in the cuff around the arm
28) Corrigan's sign
   - Prominent carotid pulsations
   - i) De-Musset's
   - Nodding of head with each systole
   - ii) Hill's sign
   - Exaggeration of systolic pressure difference between brachial and femoral arteries
   - iii) Duroziez's sign
      - Systolic & diastolic murmurs over femoral arteries on compression All these are seen in aortic regurgitation
29) Von Grafe's sign
    - Upper eyelids lag behind when looking downwards

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i) Moebius sign
Converging of eyes is difficult

ii) Stellwag’s sign
Infrequent blinking of eyelids and upper lids appear retracted

30) Sunset sign
Seen in hydrocephalus

31) Macewen’s sign
Cracked pot resonance in hydrocephalus

32) Tripod sign
Seen in poliomyelitis

33) Rope sign
Acute angulation between chin and larynx due to weakness of hyoid muscles

34) Kernig sign
Seen in meningitis

35) Flag sign
Seen in kwashiorker

36) Ball sign
Collapsed spine on X-ray in intrauterine death

37) Robert’s sign
Air in major vessels on X-ray in intrauterine death

38) Ewart’s sign
Bronchial breath sounds and aegophony in a patient with pericardial effusion

39) Alder’s sign
Presence of fixed abdominal tenderness even on turning the patient to the sides (in ruptured ectopic gestation)

Hernias (H)

1) Littre’s hernia
Meckel’s diverticulum is the content

2) Richter’s hernia
Partial circumference of bowel is the content

3) Maydle’s hernia
W shaped hernia; inner loop strangulates

4) Laugier’s femoral H.
‘Hernia through gap in lacunar lig (Gimbernaut’s lig.). Nearly always hernia is strangulated

5) Narath’s femoral H.
Seen in CDH due to lateral displacement of psoas. Contents lie behind blood vessels

6) Cloquet’s femoral H.
Sac lies under the fascia covering pectineus

7) Spigelian H.
Interparietal H. through superficial fascia usually at arcuate line

8) Rolling hernia
Is a paraesophageal hernia. It is a hiatus hernia

9) Sacless hernia
H. through pleuroperitoneal canal (a diaphragmatic hernia)

10) Neckless hernias
(i) Incisional hernia, (ii) Direct inguinal hernia

11) Constricting ring in inguinal hernia
In adult, neck. In children, external abdominal ring

12) Constricting ring in femoral hernia
Gimbernaut’s ligament

13) Loculated hernia
Large para umbilical hernia

14) Hernia common in females
(i) Obturator hernia, (ii) Femoral hernia, (iii) Para umbilical hernia

15) Hernia common in right side
(i) Femoral hernia, (ii) Inguinal hernia up to 10 yr

16) Obturator hernia
Patient comes with strangulation of Richter type of hernia

17) Strangulation common with
Femoral hernia

18) Nearly always bilocular hernia is
Intermuscular hernia

19) Prolapse rectum is a type of
H. englissade

20) Direct inguinal H. which may strangulate
Prevesical H

21) H. commonly associated with incompletely descended testes - inguinosuperficial (interparietal type) H

22) Sliding H. common on left side—Almost exclusively in males

Tumours (T)

1) Desmoid tumour
A kind of fibroma which arises from deeper parts of rectus sheath

2) Pancoast tumour
Bronchogenic carcinoma at the apex of lung

3) Schneeberg cancer
Carcinoma lung induced by radioactive substance

4) Phantom tumour
Collection of fluid in horizontal fissure of lung appears as coin lesion in X-ray

5) Brown tumour
Osteitis fibrosa cystica (hyperparathyroidism)

6) Cock’s peculiar tumour
Ulcerated multiple sebaceous cysts of scalp

7) Pott’s puffy tumour
Oedema of scalp in osteomyelitis of cranial bones

8) Giant cell tumour
Osteoclastoma
<table>
<thead>
<tr>
<th>Number</th>
<th>Tumour Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Grawitz's tumour</td>
<td>Hypernephroma (adults)</td>
</tr>
<tr>
<td>10</td>
<td>Wilms tumour</td>
<td>Nephroblastoma (children)</td>
</tr>
<tr>
<td>11</td>
<td>Cherry tumour</td>
<td>Juvenile, polyps of colon</td>
</tr>
<tr>
<td>a)</td>
<td>Potato tumour, or</td>
<td>Carotid body tumour</td>
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<tr>
<td>b)</td>
<td>Berry tumour, or</td>
<td></td>
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<tr>
<td>c)</td>
<td>Hutchinson's tumour</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Bunn shaped tumour</td>
<td>Solid carcinoma of bladder</td>
</tr>
<tr>
<td>13</td>
<td>Pregnancy tumour</td>
<td>Hypertrophied gum in pregnancy</td>
</tr>
<tr>
<td>14</td>
<td>Ubiquitous tumour</td>
<td>Lipoma or universal tumour</td>
</tr>
<tr>
<td>15</td>
<td>Burkitt tumour</td>
<td>A type of non-Hodgkin's lymphoma</td>
</tr>
<tr>
<td>16</td>
<td>Krukenberg tumour</td>
<td>Atypical secondaries of ovaries</td>
</tr>
<tr>
<td>17</td>
<td>Raspberry tumour</td>
<td>Umbilical adenoma</td>
</tr>
</tbody>
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**Ulcers (U)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Ulcer Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mortarell's U. seen</td>
<td>In hypertensive patients</td>
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<tr>
<td>2</td>
<td>Marjolin's ulcer</td>
<td>Malignant ulcer on the scar of burns</td>
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<tr>
<td>3</td>
<td>Barret's ulcer</td>
<td>Ulcer in oesophagus at the junction of squamous and columnar epithelium</td>
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<tr>
<td>4</td>
<td>Hunner's ulcer</td>
<td>Interstitial cystitis peculiar to women</td>
</tr>
<tr>
<td>5</td>
<td>Elvisue ulcer</td>
<td>Hot ulcer in A-V fistula</td>
</tr>
<tr>
<td>6</td>
<td>Chickleros ulcer</td>
<td>Caused by Leishmania mexicana</td>
</tr>
<tr>
<td>7</td>
<td>Flask shaped ulcer</td>
<td>Seen in amoebiasis</td>
</tr>
<tr>
<td>8</td>
<td>Bottle neck shaped U.</td>
<td>Intestinal amoebiasis</td>
</tr>
<tr>
<td>9</td>
<td>Punched out ulcer on fauces</td>
<td>In herpangina</td>
</tr>
<tr>
<td>10</td>
<td>Bazin's ulcer</td>
<td>Indolent ulcers over the calves of adolescent female</td>
</tr>
<tr>
<td>11</td>
<td>Trophic ulcer</td>
<td>Are neurogenic ulcers</td>
</tr>
<tr>
<td>12</td>
<td>Snail track ulcer on mucosa</td>
<td>Syphilis</td>
</tr>
<tr>
<td>13</td>
<td>Meleney's ulcer</td>
<td>Due to symbiotic action of micro-aerophilic beta-haemolytic streptococci and haemolytic Staphylococcus aureus</td>
</tr>
</tbody>
</table>

**Lymph Nodes**

<table>
<thead>
<tr>
<th>Number</th>
<th>Node</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lymph node of Lund</td>
<td>Sentinel lymph node—Cystic lymph node draining lymphatics of gallbladder</td>
</tr>
<tr>
<td>2</td>
<td>Poirier's gland</td>
<td>Lymph node where uterine artery crosses ureter</td>
</tr>
<tr>
<td>3</td>
<td>Cloquet's gland</td>
<td>Present in femoral canal</td>
</tr>
<tr>
<td>4</td>
<td>Delfian node</td>
<td>Pretracheal lymph node</td>
</tr>
<tr>
<td>5</td>
<td>Tonsillar lymph n.</td>
<td>Jugulodigastric lymph node</td>
</tr>
<tr>
<td>6</td>
<td>Stahr's gland</td>
<td>(has to be removed in Ca.tongue during surgery) where mandible is crossed by facial artery</td>
</tr>
<tr>
<td>7</td>
<td>Lymph node of Gerota</td>
<td>Pararectal lymph node</td>
</tr>
</tbody>
</table>

**Usual Complications**

<table>
<thead>
<tr>
<th>Number</th>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Carcinoma tongue</td>
<td>Inhalation bronchopneumonia</td>
</tr>
<tr>
<td>2</td>
<td>Carcinoma penis</td>
<td>Erosion of femoral blood vessels (common cause of death)</td>
</tr>
<tr>
<td>3</td>
<td>Kyphoscoliosis &amp; ankylosing spondylitis</td>
<td>Respiratory complications</td>
</tr>
<tr>
<td>4</td>
<td>Polycystic kidney</td>
<td>Infection</td>
</tr>
<tr>
<td>5</td>
<td>Paraplegia</td>
<td>Renal failure (60% of deaths)</td>
</tr>
<tr>
<td>6</td>
<td>Malignant diverticulum</td>
<td>Haemorrhage from rectum, intussusception, diverticulitis</td>
</tr>
<tr>
<td>7</td>
<td>Small intestinal tumour</td>
<td>Intussusception, intestinal bleeding</td>
</tr>
<tr>
<td>8</td>
<td>Ulcerative colitis</td>
<td>Haemorrhage; anaemia</td>
</tr>
<tr>
<td>9</td>
<td>Enterogenous cyst</td>
<td>Recurrent impaction of food</td>
</tr>
<tr>
<td>10</td>
<td>Acute pancreatitis</td>
<td>Pseudocyst formation</td>
</tr>
<tr>
<td>11</td>
<td>Retroperitoneal lipoma</td>
<td>Myxomatous degeneration; sarcomatous changes</td>
</tr>
</tbody>
</table>

* ** Serious drawback of truncal vagotomy is diarrhoea (6-30%)
Nerves Injured in Surgery

<table>
<thead>
<tr>
<th>Nerves Injured in Surgery</th>
<th>Common Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sub-mandibular gland</td>
<td>Lingual nerve</td>
</tr>
<tr>
<td>b) Parotid gland</td>
<td>Facial nerve</td>
</tr>
<tr>
<td>c) Branchial cyst</td>
<td>Hypoglossal &amp; accessory N</td>
</tr>
</tbody>
</table>
| d) Cervical lymph node dissection | i) Spinal accessory
|                          | ii) Mandibular branch of facial
|                          | iii) Hypoglossal nerves |

Disease of Organs
Head and Neck

<table>
<thead>
<tr>
<th>Lips Diseases</th>
<th>Common Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Syphilis chancre</td>
<td>Upper lip</td>
</tr>
<tr>
<td>b) Short frenum</td>
<td></td>
</tr>
<tr>
<td>c) Ectopic salivary tumour</td>
<td></td>
</tr>
<tr>
<td>d) Carcinoma</td>
<td></td>
</tr>
<tr>
<td>e) Mucus sinus</td>
<td></td>
</tr>
<tr>
<td>f) Bichelis (prolapse of the mucous membrane of lip)</td>
<td>Lower lip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teeth &amp; Gums Diseases</th>
<th>Tooth commonly involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Absent</td>
<td>3rd molar &amp; upper 2nd incisor</td>
</tr>
<tr>
<td>i) Impaction</td>
<td>Lower 3rd molar</td>
</tr>
<tr>
<td>ii) Lingual burst</td>
<td>Upper lateral incisor</td>
</tr>
<tr>
<td>iii) Dentigerous cyst</td>
<td>Upper 3rd molar, lower 3rd molar</td>
</tr>
<tr>
<td>b) Relations to maxillary antrum</td>
<td>2nd premolar, 1st &amp; 2nd molar</td>
</tr>
<tr>
<td>c) Hyperplastic gingivitis</td>
<td>Upper incisor—labial aspect</td>
</tr>
<tr>
<td>d) Ludwig’s hernia</td>
<td>Impacted 3rd molar often is the cause</td>
</tr>
<tr>
<td>e) Parotid duct opens opposite to</td>
<td>Upper 2nd molar</td>
</tr>
<tr>
<td>f) No relation to antrum</td>
<td>Incisors</td>
</tr>
</tbody>
</table>

Tongue Diseases

<table>
<thead>
<tr>
<th>Commonest site</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Hutchinson’s wart</td>
</tr>
<tr>
<td>b) Carcinoma</td>
</tr>
<tr>
<td>c) Tuberculosis</td>
</tr>
<tr>
<td>d) Gumma</td>
</tr>
<tr>
<td>e) Snail-track ulcers</td>
</tr>
<tr>
<td>f) Median rhomboid glossitis</td>
</tr>
<tr>
<td>g) Linguinal thyroid</td>
</tr>
<tr>
<td>i) Congenital fissures are horizontal</td>
</tr>
<tr>
<td>ii) Syphilitic fissures are longitudinal</td>
</tr>
<tr>
<td>iii) Unilateral enlargement is seen in neurofibroma and haemangioma</td>
</tr>
<tr>
<td>iv) Bilateral enlargements - Lymphangiomas</td>
</tr>
</tbody>
</table>

Salivary glands Diseases

<table>
<thead>
<tr>
<th>Causative Organisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Parotitis</td>
</tr>
<tr>
<td>b) Postoperative parotitis</td>
</tr>
<tr>
<td>c) Metastatic abscess of parotid</td>
</tr>
<tr>
<td>d) Parotitis after duct obstruction</td>
</tr>
</tbody>
</table>

Neck Diseases

<table>
<thead>
<tr>
<th>Upper 1/3rd of neck along sternomastoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Branchial cyst</td>
</tr>
<tr>
<td>Branchial fistula</td>
</tr>
<tr>
<td>c) Sternomastoid tumour</td>
</tr>
<tr>
<td>d) Cystic hygroma</td>
</tr>
<tr>
<td>e) Superficial cellulitis above hyoid</td>
</tr>
<tr>
<td>f) Deep cellulitis in lower third</td>
</tr>
</tbody>
</table>

Breast Lesion

<table>
<thead>
<tr>
<th>Characteristic finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Duct ectasis</td>
</tr>
</tbody>
</table>
b) Mondor's disease
Vas deferens like consistency attached to skin

c) Fibroadenosis
Saucer like edge, cut section India rubber consistency

d) Pericanalicular fibroadenoma
'Breast mouse'

e) Scirrhous carcinoma
Cut section—unripe pear, grates while cutting

f) Tuberculosis breast
Multiple fistulae, abscesses present, blue attenuatec

g) Sarcoma

ABDOMEN
Pain in the abdomen.
a) Leucocyte count is normal in tuberculosis of abdomen.
b) Leucocytosis of more than 30,000 with 90% polymorphs is indicative of pneumococcal peritonitis.
c) In non-specific lymphadenitis, total WBC count is 10,000 to 20,000 on the first day
d) Pain that keeps the patient awake—Reflux oesophagitis and carcinoma pancreas
e) Pain that wakes patient around 2 am—Duodenal ulcer
f) Pain that wakes patient in early morning—Appendicitis
g) Diarrhoea preceding pain abdomen is seen in—Crohn's disease

STOMACH and DUODENUM

<table>
<thead>
<tr>
<th>Type of cells</th>
<th>Seen in</th>
<th>Secrete</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Parietal or oxyntic cells</td>
<td>Body of stomach</td>
<td>Hydrochloric acid and intrinsic factor</td>
</tr>
<tr>
<td>b) ‘G’cells</td>
<td>Antrum</td>
<td>Gastrin</td>
</tr>
<tr>
<td>c) Columnar cells</td>
<td>Throughout</td>
<td>Mucus</td>
</tr>
<tr>
<td>d) Chief cells</td>
<td>Proximal part of gastric crypts</td>
<td>Pepsinogen</td>
</tr>
</tbody>
</table>

1) Peptic ulcer
Along lesser curvature
2) Menetrier's disease
Antrum spared
3) Gastric pacemaker
Fundus
4) Duodenal pacemaker
Immediately distal to pylorus
5) Carcinoma
Prepylorus
6) Carcinoma in pernicious anaemia
Usually fundus; polyloid in nature
7) Localised linitis plastica
Pyloric antrum
8) Leiomyosarcoma
Gastric acidity normal
9) Carcinoma stomach
Gastric acidity decreased; in 18% achlorhydria
10) Adenoma tou s polyp
Achlorhydria is seen
11) Adenomatous polyp
Distal half of stomach

Urology
BLADDER TUMOURS

<table>
<thead>
<tr>
<th>Disease</th>
<th>Site of lesion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Least common</td>
<td>Angioma</td>
</tr>
<tr>
<td>b) Most common</td>
<td>Transitional cell carcinoma</td>
</tr>
<tr>
<td>c) Bilharziasis: patient is prone to</td>
<td>Squamous cell carcinoma</td>
</tr>
<tr>
<td>d) In ectopia vesicae and in cystitis cystica: patient is prone to</td>
<td>Adenocarcinoma</td>
</tr>
</tbody>
</table>

URETHRA and PENIS

* Common in females

<table>
<thead>
<tr>
<th>Disease</th>
<th>Site of lesion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Narrowest part of urethra</td>
<td>External urinary meatus (Normal)</td>
</tr>
<tr>
<td>b) Carcinoma in females</td>
<td>External urinary meatus—posterior wall</td>
</tr>
<tr>
<td>c) Caruncle</td>
<td>External urinary meatus—posterior wall</td>
</tr>
<tr>
<td>d) Prolapse</td>
<td>Fossa navicularis</td>
</tr>
<tr>
<td>e) Polypi</td>
<td>Verumontanum</td>
</tr>
<tr>
<td>f) Papilloma acuminata</td>
<td>Coronal sulcus (commonest benign tumour)</td>
</tr>
<tr>
<td>g) Priapism</td>
<td>Glans, spongiosum not involved</td>
</tr>
<tr>
<td>h) Rupture</td>
<td>Bulbous urethra</td>
</tr>
<tr>
<td>* Common in females</td>
<td>(i) Carcinoma, (ii) Diverticulum, (iii) Prolapse</td>
</tr>
</tbody>
</table>

COMMONEST SOURCES and CAUSES

<table>
<thead>
<tr>
<th>Disease</th>
<th>Site of lesion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Prostatitis</td>
<td>Haematogenous spread from furunculosis, tonsillitis etc.</td>
</tr>
<tr>
<td>b) Tuberculosis bladder</td>
<td>Secondary to renal tuberculosis</td>
</tr>
<tr>
<td>c) Tuberculosis kidney</td>
<td>Blood borne</td>
</tr>
<tr>
<td>d) Pulsion diverticulum bladder</td>
<td>Bladder neck contracture</td>
</tr>
</tbody>
</table>
e) Carbuncle kidney - Cutaneous lesion
f) Pyonephrosis - Secondary to renal calculus
g) Bladder stones - Secondary: Urea splitting organisms—proteus and staphylococci
h) Unilateral hydronephrosis - Obstruction at pelvi-ureteral junction (PUJ)
i) Retention of urine - Males—prostate, Females—retroverted gravid uterus
j) Torsion testes - Inversion of testis
k) Urethral fistula - Bursting of periurethral abscess
l) Hydrocele - Defective absorption
m) Cyst of epididymis - Degeneration of organ of Giralde (paradydimis)

n) Epididymitis - Spread from vas
e) For DIC - Septicaemia with Gram-negative bacilli

Malignancies

Premalignancies etc. (The following conditions may predispose to malignancy)
a) LGV
b) Secondary syphilis in tongue

c) Granuloma inguinale

d) Tropical ulcer


e) Chronic ulcer

f) Leukoplakia

g) Bowen’s disease

h) Erythroplasia of Queyrat

i) Scar especially of burns

j) Ulcerative colitis

Malignant Tumours

Site

1) Countryman’s lip

Oral cavity

Tongue, Oesophagus

Anal canal

Skin

PNS

Ear—auricle

External auditory meatus

Middle ear and mastoid

Vulva, Vagina, Cervix

Commonest pathologic type

Squamous cell carcinoma

2) Gallbladder

Pancreas

Breast

Commonest Clinical Type

Fungating & ulcerating growth

Stomach

Ulc erating growth

Colon left sided mass

Stenosing growth

Colon right sided mass

Cauliflower type growth

Rectum

Ulcerating growth

Penis

Flat or infiltrating ulcer and papilliferous growth

Glottis

Papillary variety

Vagina

Cauliflower growth
Site | Commonest Tumour
--- | ---
a) Duodenum | Adenoma
b) Spleen | Cavernous haemangioma, lymphangioma

c) Mediastinum as a whole | Neuroblastoma
d) Posterior mediastinum | Neurogenic tumours
e) Anterior mediastinum | Teratoma
f) Larynx | Papilloma
g) Heart- | Myxoma

Treatments of Malignancy Treatment initially by radiation
a) Carcinoma cheek | Carcinoma breast
b) Carcinoma tongue (more than 2 cm size) | 1) Carcinoma penis
c) Carcinoma oropharynx | Hodgkin's lymphoma
d) Carcinoma oesophagus—SCC | Burkitt's lymphoma
e) Postcrioid carcinoma | 1) Ewing's sarcoma
f) Carcinoma cervix | m) Osteogenic sarcoma
g) Grape-like sarcoma of vagina | n) Carcinoma bladder

Treatment initially by surgery
a) Squamous cell carcinoma skin
b) Basal cell carcinoma
c) Malignant melanoma
d) Intracranial tumours
e) Pituitary tumours except basophil tumours
f) Carcinoma thyroid
g) Carcinoma stomach
h) Carcinoma of pancreas, colon, rectum, anal canal, kidneys
i) Small carcinoma tongue
j) Salivary gland tumours
k) Carcinoma pyriform fossa

l) Supraglottic carcinoma
m) Transglottic carcinoma
n) Carcinoma vulva
o) Late carcinoma vagina
p) Carcinoma of testes and ovary
q) Osteoclastoma

Metastasis

<table>
<thead>
<tr>
<th>Secondaries</th>
<th>Primary Commonest In</th>
</tr>
</thead>
</table>
a) Cervical lymph nodes | Buccal cavity |
b) Cerebral | Lung |
c) Liver | GIT |
d) Ovary (atypical) | Colloid carcinoma of stomach |
e) Spine | Breast or prostate |
f) Bones | Prostate, or breast |
g) Ribs | Lung or breast |
h) Oesophagus | Lung |
### Primaries

<table>
<thead>
<tr>
<th>Primaries</th>
<th>Secondaries Commonest In</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Prostate</td>
<td>Pelvic bones, lumbar vertebrae</td>
</tr>
<tr>
<td>b) Kidney (Wilms tumour, hypernephroma)</td>
<td>Lumbar vertebrae</td>
</tr>
<tr>
<td>c) Testes—Seminoma</td>
<td>Aortic lymph nodes</td>
</tr>
<tr>
<td>d) Teratoma</td>
<td>Lungs</td>
</tr>
<tr>
<td>e) Rectum</td>
<td>Liver</td>
</tr>
<tr>
<td>f) GIT</td>
<td>Liver</td>
</tr>
<tr>
<td>g) Choriocarcinoma</td>
<td>Lungs</td>
</tr>
</tbody>
</table>

### Miscellaneous

**URINE EXAMINATION**

a) Three glass urine test

i) 1st Glass is hazy and 2nd is clear —urethritis

ii) 1st Glass is clear and 2nd is cloudy —diverticulitis

iii) If the second glass is cloudier —cystitis

iv) If the first glass contains threads —Prostatitis

b) A few drops of blood at the beginning indicate ulcer.

c) A few drops of bright red blood at the end of micturition indicate vesical calculus.

d) A few drops of blood stained urine or blood-stained debris at the end of micturition indicate cystitis.

e) Painless, profuse, paroxysmal haematuria will be uniform, intermittent and painless.

f) A drop of blood at the beginning or end of micturition indicates BPH.

g) Urethral discharge is rare in prostatitis.

h) Haemospermia is seen in tuberculous prostatitis and chronic seminal vesiculitis

### APPEARANCE OF STOOLS

a) Tooth paste like stools — Hirschsprung’s disease

b) Lead paint or silvery or Periampullary carcinoma aluminium stools

c) Red currant jelly stools — Intussusception

d) Pipe stem stools — Stricture of rectum

e) Pellet like stools — Irritable bowel syndrome

f) Rabbit stools — Cong, hypertrophic pyloric stenosis

g) Pea soup diarrhoea — Typhoid

### BIOPSY

a) Incisional biopsy is contraindicated in salivary gland tumours except in minor salivary gland tumours.

b) Excisional biopsy is done in solitary nodule of thyroid and parotid gland tumours.

c) Excisional biopsy is never done in disease of tongue and penis.

### VOMITINGS

a) Continuous pouring out of saliva indicates oesophageal atresia.

b) Effortless, blood stained vomiting or small amounts starting soon after birth indicates hiatus hernia.

c) Non-bile-stained vomitus with peak incidence at 3-6 weeks after birth indicates congenital hypertrophic pyloric stenosis.

d) Vomiting from birth often bile stained—duodenal atresia.

e) The transduodenal band of Ladd compresses duodenum, resulting in a condition similar to duodenal stenosis.

### GALLBLADDER

a) White bile — Not white, opalescent secretion by bile duct with distal obstruction contains mucus, cholesterol and traces or none of bile salts.

b) Limey bile — Due to gradual obstruction of common bile duct. E.g., chronic pancreatitis, carcinoma pancreas. Gallbladder clearly visible in plain X-ray.

c) Mucocele — Obstruction of neck of sterile gallbladder by single stone
d) Pyocele or empyema: Sterile pus in inflamed obstructed gallbladder

VASCULAR NEOPLASMS
a) Salmon pink patch Stork bites
b) Portwine stain Persists (capillary haemangioma)
c) Strawberry Commonest type
   haemangioma or Grows to certain age, usually disappears by 7 years
   nevus vasculosus Treatment—masterly inactivity

BURNS—FLUID REQUIREMENTS
a) Fluids are required:
in adults if more than 15% is involved
in children if more than 10% is involved
b) In children with burns 5% to 10% watch the patient
c) Nasogastric tube is required if more than 35% burns
d) Blood is required if deep burns 10-25% in 2nd ration, 25-50% in 2nd, 6th rations

MISCELLANEOUS
a) Phlemasia alba dolens Deep femoral vein thrombosis + lymphangitis
b) Phlemasia coerulia dolens Extensive thrombosis of pelvic and iliac veins
c) Carcinoma of larynx Glottic 70%
d) Site for free flaps Groin, scalp, dorsum foot, deltopectoral area
e) Maximum pressure in Communicating veins lower limb veins
f) Site of fracture in Vertebra Cushing's syndrome
g) Tabes dorsalis involves lower thoracic and lumbar spinal cord.
h) Bilateral congenital dislocation of hip should not be corrected after 4 yr. If unilateral, should not be corrected after 7 yr.
i) Abscess bursts on to labial side (normally).
j) Commonest cause of metabolic acidosis—vigorous exercise and lactic acid production
k) Commonest cause of metabolic alkalosis—excess vomiting
l) Commonest site of carcinoid tumour is appendix,
m) Cervix-like feeling is seen in intussusception and acute oedema of gottis.
n) Voracious appetite with loss of weight is seen in:
   i) Thyrotoxicosis
   ii) Pheochromocytoma
   iii) Congenital hypertrophic pyloric stenosis
   iv) Cystic fibrosis
   v) Diabetes mellitus

Miscellaneous
1) Frog hand In deep palmar abscess
2) 'Frog face' Nasopharyngeal carcinoma
3) Countryman's lip Carcinoma of lip
4) Telephone's ear (Singapore ear) External otitis
5) Glue ear Seromucinous otitis media
6) Thimble bladder Contracted tuberculous bladder
7) Putty or cement kidney Caseous TB kidney
8) Mossy foot Chromoblastomycosis
9) Madura foot Mycetoma foot
10) Trench foot In frost bite
11) Hourglass stomach Cicatrical contraction of ulcer on lesser curvature
12) Tea pot or handbag stomach Scarring of long standing gastric ulcer
13) Leather bottle stomach Linitisplastica
14) Trigger finger Stenosingtovaginitis of flexor tendons of thumb and fingers
15) Mallet finger or baseball finger Rupture of extensor tendon just above its insertion
16) Dequervain’s d.  
into terminal finger  
Stenosing tenovaginitis of common sheath of abductor pollicis longus & extensor pollicis brevis

17) Tennis elbow  
Tendinitis at lateral epicondyle of humerus

18) Golfer’s elbow  
Tendinitis at medial epicondyle of humerus

19) Student’s or miner’s elbow  
Olecranon bursitis

20) Footballer’s ankle  
Traumatic arthritis of ankle

21) Housemaid’s knee  
Prepatellar bursitis

22) Clergyman’s knee  
Subpatellar bursitis

23) Weaver’s bottom  
Ischial bursitis

24) Porter’s shoulder  
Bursa between skin and clavicle

25) Winter heel  
Post calcaneal bursitis

26) Policeman’s heel  
Inflammation of fibrofatty tissue of heel

27) Gardener’s hand  
Callosity

### Renal Stones

<table>
<thead>
<tr>
<th></th>
<th>OXALATE</th>
<th>PHOSPHATE</th>
<th>URATE</th>
<th>CYSTINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formed in</td>
<td>Acid urine</td>
<td>Alkaline urine</td>
<td>Acid urine</td>
<td>Acid urine</td>
</tr>
<tr>
<td>Shape</td>
<td>Mulberry (envelope crystals)</td>
<td>Stag horn</td>
<td>Faceted</td>
<td>Hexagonal crystals</td>
</tr>
<tr>
<td>Number</td>
<td>Single</td>
<td>Single</td>
<td>Multiple</td>
<td>Multiple</td>
</tr>
<tr>
<td>Haematuria</td>
<td>Early</td>
<td>Late</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Radiopaque</td>
<td>Yes</td>
<td>Yes due to big size</td>
<td>By impurities</td>
<td>Due to sulphur</td>
</tr>
</tbody>
</table>

### Gall Stones

<table>
<thead>
<tr>
<th></th>
<th>CHOLESTEROL</th>
<th>PIGMENT</th>
<th>MIXED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Single</td>
<td>Multiple</td>
<td>Multiple</td>
</tr>
<tr>
<td>Frequency</td>
<td>6% to 8%</td>
<td>12%</td>
<td>80% commonest</td>
</tr>
<tr>
<td>Shape</td>
<td>Coral or mulberry</td>
<td>Faceted</td>
<td>laminated</td>
</tr>
<tr>
<td>Formed in</td>
<td>Stasis bladder</td>
<td>—</td>
<td>In infection</td>
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</table>

*Cholesterol is the main component of gall stones

### Needles and Instruments

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>a) Seldinger needle</td>
<td>Arteriography</td>
<td></td>
</tr>
<tr>
<td>b) Chiba needle</td>
<td>PTC</td>
<td></td>
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<tr>
<td>c) Menghini needle</td>
<td>Liver biopsy</td>
<td></td>
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<tr>
<td>d) Abraham needle</td>
<td>Pleural biopsy</td>
<td></td>
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<tr>
<td>e) Gabriel syringe</td>
<td>Sclerosant inj. for piles</td>
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<tr>
<td>f) Desjardins forceps</td>
<td>Removal of gall stones form CBD</td>
<td></td>
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<tr>
<td>g) Savage's decompressor</td>
<td>Intestinal obstruction</td>
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### Incisions

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<table>
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<tbody>
<tr>
<td>a) Kocher's incision</td>
<td>Gall bladder surgery, subcostal</td>
<td></td>
</tr>
<tr>
<td>b) Collar incision</td>
<td>Thyroidectomy</td>
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<tr>
<td>c) Sistrunk incision</td>
<td>Parotid</td>
<td></td>
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<tr>
<td>d) Me Evedy incision</td>
<td>Femoral hernia</td>
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</tr>
<tr>
<td>e) Lanz</td>
<td>Appendix</td>
<td></td>
</tr>
<tr>
<td>f) Pfannenstiel</td>
<td>Uterus</td>
<td></td>
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<tr>
<td>g) Grid iron</td>
<td>Appendix</td>
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<tr>
<td>h) Rutherford Morrison</td>
<td>Appendix</td>
<td></td>
</tr>
</tbody>
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