Surgery notes for competitive examinations

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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 cholecystits 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 10^{th} 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 I131 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
- Orchipexy 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

dayisease.
- 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.
- Extradural haemorrhage usally presents before 18 hours after injury.
- In head injury, prophylactic anticonvulsants are given forj6 weeks.
- In post-traumatic epilepsy, or after major head injury, antiepilepties 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 fistulas 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 (dermatofibroma or subepidermal nodular fibrosis)	Limbs
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 freckel .	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 blenorrhagicum	Sole of the foot

Commonest Site of Intestinal Lesions

Lesion	**Area**
1) Lipoma	Caecum
2) Lymphoma (non-Hodgkins)	Stomach
3) Adenomatous polypi	Sigmoid, rectum
4) Polypi in Puetz-Jeghers syndrome	Always jejunum is involved
5) Familial polyposis and Gardner's syndrome	Colon
6) ZES gastrinoma	Pancreas
7) Carcinoma small intestine	Jejunum
8) Carcinoma colon Sigmoid colon & rectosigmoid	junction
9) Tuberculous ulcer	Small intestine (transverse)
10) Typhoid ulcer	Small intestine (longitudinal)
ll)Crohn's disease	Starts at or near ileocaecal valve
12)Ulcerative colitis	Starts at rectum
13)Hirschsprung's disease	Usually upper limit is rectosigmoid junction
14)Diverticulosis90% in	Sigmoid (rectum is never involved)
15) Perforation in typhoid	Small intestine near ileocaecal junction
16) Pneumatosis cystoids	Small intestine
17) Immobile part of colon	Last 7.5 cm of pelvic colon
18) Loop colostomy	Transverse colon
19) Commonest type of intussusception	Ileocaecal intussusception
20) Intussusception in infant	Last 50 cm of ileum
21) Intussusception in old people	Colocolic by papillary carcinoma
22) Intussusception in adolescent	Think of inverted Meckel's diverticulum
23) Volvulus neonatorum	Midgut (whole small intestine & caecum)
24) Volvulus small intestine	Lower ileum
25) Ischaemic colitis	Splenic flexure
26) Dilatation of gut in	Chagas disease Oesophagus & colon
27) Rupture in blast injury	Pelvic colon
28) Amoebiasis	Sigmoid colon

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) Stongyloidosis	Upper small intestine
d) C. mesnili.	Caecum
e) T. tenax	Teeth and gums
f) E. hominis & E. intestinalis	Large intestine

g) Taenia solium & saginata	Upper jejunum
h) Giardia intestinalis	Jejunum
i) H. nana	Distal ileum

Common in Females	**Common in Males**
Postcricoid carcinoma	Carcinoma oesophagus
Carcinoid	Carcinoma larynx
Retroperitoneal lipoma	Carcinoma colon
Gall stones	Symptomatic Meckel's diverticulum
Choledochus cyst (4 times)	Volvulus sigmoid colon
Ca. gall bladder & bile ducts	Carcinoma stomach, carcinoma pancreas
Osteoclastoma	Kaposi's sarcoma
Chromophobe adenoma	Rhinophyma
Basophil adenoma	Nasopharyngeal fibroma
Meningiomas of spinal cord	Pilonidal sinus
Glossodynia	Ischiorectal abscess
Cushing's	Neurofibromas of spinal cord
Takayasu disease	Quinsy
Raynaud's phenomenon	Buerger disease
Subclinoid aneurysms	Ainhum, (Negroes)
	Carbuncle
	Dupuytren's contracture
	Mastitis of puberty
	Congenital hypertrophic pyloric stenosis (1st born male child)
	Hirschsprung's disease
	Presbyoesophagus (diffuse spasm)

Ulcerative colitis	Mallory-Weiss syndrome
Volvulus caecum	Chronic DU
Redundant colon	Egyptian splenomegaly
Pneumococcal peritonitis	Chronic relapsing pancreatitis
	Horse shoe kidney
Pseudomyxoma peritonei	Ectopia vesicae
Congenital cystic kidney	Renal stones
Ureterocele	Renal TB
Urethrocele	Hallux rigidus
Hallux valgus	Perthe's disease
Idiopathic scoliosis	Prolapse disc
Polymyositis (3 times)	Slipped femoral epiphysis
Scleroderma (3 times)	Multiple exostosis
Rh. arthritis (3 times)	Shoveller's fracture
SLE (9 times)	Ankylosing spondylitis (9 times)
Sjorgrens's (9 times)	Polyarteritis nodosa
Myasthenia	Aplastic anaemia
Senile osteoporosis	Polycythaemia vera
Trigeminal neuralgia	CLL
Pernicious anaemia	Multiple myeloma
ASD, PDA Mitral valve prolapse	Waldenstrom's macroglobulinaemia
	Hairy cell leukaemia
	Non-Hodgkin's lymphoma
	General paralysis of insane
	Tabes dorsalis
	Motor neuron disease
	Coarctation of aorta
	Mycosis fungoides

Alternative Names

1) Corn	Grain
2) Boil	Furuncle
3) Stye	Hordeolum
4) Sebaceous cyst	Wen
5) Keratoacanthoma	Molluscum sebaceum
6) Sclerosing angioma	Dermatofibroma or subepidermal nodular fibrosis
7) Malherbe'sepithelioma	Benign calcifying epithelioma
8) Port wine stain	Naevus flammeus

9) Salmon patch	Stork bites
10) Basal cell carcinoma	Rodent ulcer
11) Turban tumour	Cylindroma
12) Buerger's disease	Thromboangitis 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	Oilier's disease (dyschondroplasia)
28) Multiple exostosis	Diaphyseal aclasis
29) Tuberous sclerosis	Epiloia
30) Alaxia telangiectasia	Louis-Barr syndrome
31) Wilson's disease	Hepatolenticular degeneration
32) Tay-Sachs disease	Amaurotic family idiocy
33) Abeta liporproteinaemia	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	Startified squamous epithelium
16) Amnion Outer layer	Mesodermal connective tissue
Inner layer	Ectoderm
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 — Ciliated epithelium

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'ssign — Blue hue around umbilicus
Grey-Turner sign — Ecchymosis in loin in intraperitoneal haemorrhage & AC.
Haemorrhagic pancreatitis
5) Sign de-Dance — Sense of emptiness in right iliac fossa in intusussception
6) Homan'ssign — Tenderness elicited indirectly by forcible dorsiflexion of foot with extended knee (due to stretching of post-tibial vein)
7) Moses sign — Squeezing calf muscles from side to side elicits tenderness (thrombophlebitis of leg)
8) Acute appendicitis
i) Rovsing's sign — Pressure in left iliac fossa causes pain in Rt. iliac fossa
ii) Cooper's sign — Tenderness is best elicited in left lateral position
9) Murphy's sign — Catch of breath in inspiration
10) Moynihan'ssign — In acute cholecystitis
11) Boas sign — Hyperaesthesia below 9th rib, posteriorly on right side in cholecysitis
12) Troisier's sign — Enlarged supraclavicular lymph node in Ca. stomach
13) Blumberg'ssign — Rebound tenderness
14) Mathe'ssign — Normally in erect posture, kidney is at lower level than in lying downposture. No change is seen in perinephric abscess
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 cellulitits, they do not
21) Hook sign — In tenosynovitis, flexion of fingers produces severe pain
22) Tinel 's sign — Percussion along the course of a regenerating nerve from distal end to proximal end induces tingling sensation
23) Kanavel'ssign — Tenderness in between transverse palmar creases in ulnar bursitis
24) Vascular sign of Narath — In anterior dislocation of hip, femorals are felt easily in Scarpa's triangle
25) Nicoladoni 's or Branham sign — In AV aneurysm, proximal compression decreases pulse rate
26) Chvostek'ssign — 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'ssign — 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

i) Moebius sign — Converging of eyes is difficult
ii) Stellwag's sign — Infrequent blinking of eyelids and upper lids appear retracted
All these are seen in thyrotoxicosis
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 Brudzinski'ssign — 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 patien 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 (usually complicates femoral H.)
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) SpigelianH.	Interparietal H. through superficial fascia usually at arcuate line
8) Rolling hernia	Is a paraoesophageal 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

9) Grawitz's tumour	Hypernephroma (adults)
10) Wilms tumour	Nephroblastoma (children)
11) Cherry tumour	Juvenile, polyps of colon
a) Potato tumour, or	Carotid body tumour
b) Berry tumour, or	
c) Hutchinson's tumour	
12) Bunn shaped tumour	Solid carcinoma of bladder
13) Pregnancy tumour	Hypertrophied gum in pregnancy
14) Ubiquitous tumour	Lipoma or universal tumour
15) Burkitt tumour	A type of non-Hodgkin's lymphoma
16) Krukenberg tumour	Atypical secondaries of ovaries
17) Raspberry tumour	Umbilical adenoma

Ulcers (U)

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

Lymph Nodes

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

Usual Complications

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

' ** Serious drawback of truncal vagotomy is diarrhoea (6-30%)

Nerves Injured in Surgery

a)	Sub-mandibular gland	Lingual nerve
b)	Parotid gland	Facial nerve
c)	Branchial cyst	Hypoglossal & accessory N
d)	Cervical lymph node dissection	i) Spinal accessory ii) Mandibular branch of facial iii) Hypoglossal nerves

Disease of Organs
Head and Neck
LIPS

Diseases	Common Site
a)Syphilis chancre b)Short frenum c)Ectopic salivary tumour	Upper lip
d)Carcinoma e)Mucus sinus f) Bichelis (prolapse of the mucous membrane of lip)	Lower lip

TEETH & GUMS

Diseases	**Tooth commonly involved**
a) Absent	3rd molar & upper 2nd incisor
i) Impaction	Lower 3rd molar
ii) Lingual burst	Upper lateral incisor
iii) Dentigerous cyst	Upper 3rd molar, lower 3rd molar
b) Relations to maxillary antrum	2nd premolar, 1 st & 2nd molar
c) Hyperplastic gingivitis	Upper incisor—labial aspect
d) Ludwig's hernia	Impacted 3rd molar often is the cause
e) Parotid duct opens opposite to	Upper 2nd molar
f) No relation to antrum	Incisors

TONGUE

Diseases	Commonest site
a) Hutchison's wart	Midline
b) Carcinoma	Anterior 2/3rd of lateral margin
c) Tuberculosis	Tip, margins & dorsum
d) Gumma	Midline dorsum
e) Snail-track ulcers	Sides & undersurface
f) Median rhomboid glossitis	Just anterior to the foramen caecum
g) Lingual thyroid	Ant. to foramen caecum

i) Congenital fissures are horizontal
ii) Syphilitic fissures are longitudinal
iii) Unilateral enlargement is seen in neurofibroma and haemangioma
iv) Bilateral enlargements - Lymphangiomas

SALIVARY GLANDS

Diseases	Causative Organisms
a) Parotitis	Mumps virus, coxsackie virus
b) Postoperative parotitis	Staphylococoi
c) Metastatic abscess of parotid	Staphylococci
d) Parotitis after duct obstruction	Streptococci virdans and pneumococci

NECK

a) Branchial cyst	Upper l/3rd of neck along sternomastoid
b) Branchial fistula	Lower l/3rd of neck along sternomastoid
c) Sternomastoid tumour	Middle l/3rd of neck along sternomastoid
d) Cystic hygroma	Lower 1/3rd of posterior triangle
e) Superficial cellulitis above hyoid	Dangerous as laryngeal oedema may develop
f) Deep cellulitis in lower third	Not dangerous

BREAST

Lesion	Characteristic finding
a) Duct ectasis	Worm like swelling

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	skin
	Pale friable consistency on cut section

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

Type of cells	Seen in	Secrete
a) Parietal or oxyntic cells	Body of stomach	Hydrochloric acid and intrinsic factor
b) 'G'cells	Antrum	Gastrin
c) Columnar cells :	Throughout	Mucus
d) Chief cells	Proximal part of gastric crypts	Pepsinogen

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; polypoid 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

a) Least common	Angioma
b) Most common	Transitional cell carcinoma
c) Bilharziasis: patient is prone to	Squamous cell carcinoma
d) In ectopia vesicae and in cystitis cystica: patientis prone to	Adenocarcinoma

URETHRA and PENIS

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

COMMONEST SOURCES and CAUSES

a) Prostatitis — Haematogenous spread from furunculosis, tonsillitis etc.

b) Tuberculosis bladder — Secondary to renal tuberculosis

c) Tuberculosis kidney — Blood borne

d) Pulsion diverticulum bladder — Bladder neck contracture

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
1) Hydrocele	Defective absorption
m) Cyst of epididymis '	Degeneration of organ of Giralde (paradydimis)
n) Epidydimitis	Spread from vas
o) 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
k) Crohn's disease
1) Familial polyposis
m) Villous adenoma
n) 5% of diverticuli of urinary bladder
o) Bilharziasis bladder
P) Long standing penile papilloma
q) Chronic balanoposthitis
r) Plummer-Vinson syndrome
s) Papilloma larynx

Malignant Tumours

Site	**Commonest pathologic type**
1) Countryman's lip, Oral cavity, Tongue, Oesophagus, Anal canal, Skin, PNS, Ear—auricle, External auditory meatus, Middle ear and mastoid, Vulva, Vagina, Cervix	Squamous cell carcinoma
2) Gallbladder, Pancreas, Breast	Scirrhous
3) Mesentry	Primary lymphosarcoma
4) Spleen	Primary fibrosarcoma
5) Testes	Seminoma
6) Ovary	Papillary cystadenocarcinoma
7) Small intestine	Carcinoid tumour
8) Heart	Sarcoma
9) Liver	Hepatocarcinoma
10) Bladder	Transitional cell carcinoma
11) Pelvis & kidney	Transitional papillary tumour
12) Urethra	Transitional cell carcinoma
13) Colon	Adenocarcinoma
14) Grawitz tumour of kidney	Adenocarcinoma

Site	**Commonest Clinical Type**
Tongue	Fungating & ulcerating growth
Stomach	Ulcerating 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
b) Carcinoma tongue (more than 2 cm size)
c) Carcinoma oropharynx
d) Carcinoma oesophagus—SCC
e) Postcricoid carcinoma
f) Carcinoma cervix
g) Grape-like sarcoma of vagina
h) Carcinoma breast
1) Carcinoma penis
j) Hodgkin's lymphoma
k) Burkitt's lymphoma
1) Ewing's sarcoma
m) Osteogenic sarcoma
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) Savilary gland tumours
k) Carcinoma pyriform fossa

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

Metastasis

Secondaries	Primary Commonest In
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	Secondaries Commonest In
a)	Prostate	Pelvic bones, lumbar vertebrae
b)	Breast	Lumbar vertebrae
c)	Kidney (Wilms tumour, hypernephroma)	Lungs along veins
d)	Testes—Seminoma	Aortic lymph nodes
	Teratoma	Lungs
e)	Rectum	Liver
f)	GIT	Liver
g)	Choriocarcinoma	Lungs

Miscellaneous

URINE EXAMINATION

a) Three glass urine test
i) 1 st Glass is hazy and 2nd is clear —urethritis
ii) 1 st Glass is clear and 2nd id 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 vesicultitis

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 haemangioma or nevous vasculosus	Commonest type Grows to certain age, usually disappears by 7 years 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) Phlegmasia alba dolens	Deep femoral vein thrombosis + lymphangitis
b) Phlegmasia 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
1) 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) Telephonist'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	Cicatricial 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	Stenosingtenovaginitis of flexor tendons of thumb and fingers
15) Mallet finger or baseball finger	Rupture of extensor tendon just above its insertion

	into terminal finger
16) Dequervain's d.	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 medical 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

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

Gall Stones

	CHOLESTEROL	PIGMENT	MIXED
Number	Single	Multiple	Multiple
Frequency	6% to 8%	12%	80% commonest
Shape	—	Coral or	Faceted
		mulberry	laminated
Formed in	Stasis bladder	—	In infection

*Cholesterol is the main component of gall stones

Needles and Instruments

a) Seldinger needle	Arteriography
b) Chiba needle	PTC
c) Menghini needle	Liver biopsy
d) Abraham needle	Pleural biopsy
e) Gabrial syringe	Sclerosant inj. for piles
f) Desjardins forceps	Removal of gall stones form CBD
g) Savage's decompressor	Intestinal obstruction
Incisions	
a) Kocher's incision	Gall bladder surgery, subcostal
b) Collar incision	Thyroidectomy
c) Sistrunk incision	Parotid
d) Me Evedy incision	Femoral hernia
e) Lanz	Appendix
f) Pfannenstiel	Uterus
g) Grid iron	Appendix
h) Rutherford Morrison	Appendix
