UKOT's ESSENTIAL MCQs SURGERY



Inyang Ukot

Bentham Books

Ukot's Essential MCQs: Surgery

Authored by

Inyang Ukot

Impact Clinics Ltd.
Plot 11, Road 1, Federal Housing Estate Off Abak Road
Uyo, Akwa Ibom State, Nigeria

Ukot's Essential MCQs: Surgery

Author: Inyang Ukot

ISBN (Online): 979-8-89881-903-3

ISBN (Print): 979-8-89881-904-0

ISBN (Paperback): 979-8-89881-905-7

© 2026, Bentham Books imprint.

Published by Bentham Science Publishers Pte. Ltd. Singapore, in collaboration with Eureka Conferences, USA. All Rights Reserved.

First published in 2026.

BENTHAM SCIENCE PUBLISHERS LTD.

End User License Agreement (for non-institutional, personal use)

This is an agreement between you and Bentham Science Publishers Ltd. Please read this License Agreement carefully before using the ebook/echapter/ejournal (**"Work"**). Your use of the Work constitutes your agreement to the terms and conditions set forth in this License Agreement. If you do not agree to these terms and conditions then you should not use the Work.

Bentham Science Publishers agrees to grant you a non-exclusive, non-transferable limited license to use the Work subject to and in accordance with the following terms and conditions. This License Agreement is for non-library, personal use only. For a library / institutional / multi user license in respect of the Work, please contact: permission@benthamscience.org.

Usage Rules:

1. All rights reserved: The Work is the subject of copyright and Bentham Science Publishers either owns the Work (and the copyright in it) or is licensed to distribute the Work. You shall not copy, reproduce, modify, remove, delete, augment, add to, publish, transmit, sell, resell, create derivative works from, or in any way exploit the Work or make the Work available for others to do any of the same, in any form or by any means, in whole or in part, in each case without the prior written permission of Bentham Science Publishers, unless stated otherwise in this License Agreement.
2. You may download a copy of the Work on one occasion to one personal computer (including tablet, laptop, desktop, or other such devices). You may make one back-up copy of the Work to avoid losing it.
3. The unauthorised use or distribution of copyrighted or other proprietary content is illegal and could subject you to liability for substantial money damages. You will be liable for any damage resulting from your misuse of the Work or any violation of this License Agreement, including any infringement by you of copyrights or proprietary rights.

Disclaimer:

Bentham Science Publishers does not guarantee that the information in the Work is error-free, or warrant that it will meet your requirements or that access to the Work will be uninterrupted or error-free. The Work is provided "as is" without warranty of any kind, either express or implied or statutory, including, without limitation, implied warranties of merchantability and fitness for a particular purpose. The entire risk as to the results and performance of the Work is assumed by you. No responsibility is assumed by Bentham Science Publishers, its staff, editors and/or authors for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products instruction, advertisements or ideas contained in the Work.

Limitation of Liability:

In no event will Bentham Science Publishers, its staff, editors and/or authors, be liable for any damages, including, without limitation, special, incidental and/or consequential damages and/or damages for lost data and/or profits arising out of (whether directly or indirectly) the use or inability to use the Work. The entire liability of Bentham Science Publishers shall be limited to the amount actually paid by you for the Work.

General:

1. Any dispute or claim arising out of or in connection with this License Agreement or the Work (including non-contractual disputes or claims) will be governed by and construed in accordance with the laws of Singapore. Each party agrees that the courts of the state of Singapore shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with this License Agreement or the Work (including non-contractual disputes or claims).
2. Your rights under this License Agreement will automatically terminate without notice and without the

need for a court order if at any point you breach any terms of this License Agreement. In no event will any delay or failure by Bentham Science Publishers in enforcing your compliance with this License Agreement constitute a waiver of any of its rights.

3. You acknowledge that you have read this License Agreement, and agree to be bound by its terms and conditions. To the extent that any other terms and conditions presented on any website of Bentham Science Publishers conflict with, or are inconsistent with, the terms and conditions set out in this License Agreement, you acknowledge that the terms and conditions set out in this License Agreement shall prevail.

Bentham Science Publishers Pte. Ltd.
No. 9 Raffles Place
Office No. 26-01
Singapore 048619
Singapore
Email: subscriptions@benthamscience.net



CONTENTS

FOREWORD i

PREFACE iii

DEDICATION v

APPRECIATION vi

INTRODUCTION ix

CHAPTER 1 GENERAL SURGERY MCQs 1

CHAPTER 2 OPHTHALMOLOGY MCQs 30

CHAPTER 3 OTORHINOLARYNGOLOGY MCQs 48

CHAPTER 4 OTHER SURGERY SUBSPECIALTIES MCQs (UROLOGY; BURNS AND PLASTIC SURGERY; PEDIATRIC SURGERY; NEUROSURGERY) 66

CHAPTER 5 GENERAL SURGERY MCQs ANSWERS AND NOTES 87

CHAPTER 6 OPHTHALMOLOGY MCQs ANSWERS AND NOTES 134

CHAPTER 7 OTORHINOLARYNGOLOGY MCQs ANSWERS AND NOTES 166

CHAPTER 8 OTHER SURGERY SUBSPECIALTIES: (UROLOGY; BURNS AND PLASTIC SURGERY; PEDIATRIC SURGERY; NEUROSURGERY) MCQs ANSWERS AND NOTES 196

SUBJECT INDEX 241

FOREWORD

Ukot's Essential MCQs: Surgery presents a concise yet comprehensive collection of multiple-choice questions (MCQs) that encompass General Surgery and its major related subspecialties. The text has been deliberately designed to balance academic rigour with practicality, offering extensive coverage without the voluminous size characteristic of many surgical texts. This approach represents a shift toward efficiency in surgical education while maintaining depth and precision.

The volume contains 350 single-best-answer MCQs, each constructed with clarity and educational intent. The question stems are distinctly presented in bold type to enhance readability. The items are distributed according to Bloom's taxonomy, achieving a balanced representation between foundational knowledge and higher-order cognitive skills. Consequently, the book is suited to undergraduate medical students, general practitioners, and postgraduate trainees in Surgery and related subspecialties.

Each question comprises four answer options, only one of which represents the most appropriate response. While alternative options may appear plausible, the questions are designed to guide the reader toward the single best answer through critical reasoning and clinical judgment. Detailed answers and explanatory notes accompany each question, many of which are referenced, thereby encouraging further study and verification. A comprehensive index is included to facilitate ease of reference, which is an uncommon yet commendable feature among similar MCQ collections.

The book is well structured:

Chapters 1 and 5 focus on General Surgery, presenting 120 questions and their corresponding answers with explanatory notes.

Chapters 2 and 6 address Ophthalmology, comprising 80 logically arranged MCQs with detailed commentary.

Chapters 3 and 7 cover Otorhinolaryngology (ear, nose and throat), featuring 75 questions that integrate theoretical and practical aspects.

Chapters 4 and 8 explore essential topics in Urology, Burns and Plastic Surgery, Paediatric Surgery, and Neurosurgery, with 75 questions and accompanying notes.

By integrating these distinct surgical disciplines into a single volume of fewer than 300 pages, the author has demonstrated commendable academic discipline and pedagogical clarity. The resulting work provides an efficient and coherent study aid that supports both self-assessment and conceptual reinforcement in surgery and its subspecialties.

In summary, **Ukot's Essential MCQs: Surgery** is a well-balanced, intellectually grounded, and educationally relevant contribution to surgical learning. It will undoubtedly serve as a valuable resource for students, clinicians, and educators committed to advancing their knowledge and practice within surgery and surgical specialties.

Professor Emmanuel A. Ameh
MBBS, FWACS, FMCS, FAS, FRCSI, FACS (Hon)
Division of Paediatric Surgery
Department of Surgery, National Hospital
Abuja, Nigeria

PREFACE

The need for **Ukot's Essential MCQs: Surgery,** despite an abundance of standard textbooks in Surgery, is because, currently, there are relatively few books on multiple-choice questions (MCQs). It is easier for specialists to work as a team and produce a voluminous textbook in any of the many areas in Medicine than to single-handedly craft an MCQ book with a global flair.

Prior to the professional examinations in the medical school, a student should have and utilize a variety of good sources of MCQs to test the level of their understanding of lectures and the contents of textbooks of Surgery from many angles. Medical practitioners and other professionals who render care in Surgery should regularly test themselves to ensure proper transfer of knowledge to practice on patients.

This book is designed to allow the reader to self-test on the principles and practical application of Surgery and some of its sub-specialties. The contents are restricted to the foundational and common topics in this popular area of Medicine. The contents are also selected on the basis of global relevance, ensuring that students and medical practitioners in developed countries find clinical correlates with their study and practice environment while their counterparts in developing countries also find questions on conditions in their practice setting.

The book was conceived to have a relatively small size, and it is under 300 pages. This convenient size makes it easy for the user (any student or practitioner in the medical field, and other healthcare professionals who render service in this specialty) to have a good mix of theory and practice. The 350 well-planned MCQs have Answers and robust Notes that accompany them in the matching chapters. This book was also designed to have adequate and necessary References; the author considered it expedient to include an extensive Index – both additions are for the reader's benefit. The purpose of the MCQs, Answers, Notes, References, and Index, and the objective of the author are to ensure that every reader has a good understanding of the topic chosen from Surgery and some of its sub-specialties, and thus equip them to render appropriate and safe clinical service to patients with surgical health challenges.

This book is Volume 1 of a series of MCQ books. Volume 2 will accompany it within one year of the publication date of this MCQ book that focuses on Surgery.

Inyang Ukot
Impact Clinics Ltd.
Plot 11, Road 1, Federal Housing Estate off Abak Road
Uyo, Akwa Ibom State, Nigeria

DEDICATION

This book is dedicated to

My wife (Mrs. Sarah Inyang Ukot)

and to

My late mother-in-law (Madam Inyang Okutinyang)

APPRECIATION

I hereby express appreciation to members of my immediate family who have joined me in enduring most of the stress involved in authoring this book – like for other books. Their understanding and prayers in times of health, illness, and discouragement have formed an impressive and reliable support that has led to the actualization of this dream project.

I also appreciate Professor Emmanuel Ameh, a renowned Pediatric Surgeon, for being the author of the Foreword of this book.

INTRODUCTION

Ukot's Essential MCQs: Surgery is the first in a series of books on multiple-choice questions in various aspects of Medicine. From its title, this book dwells solely on some aspects of Surgery.

The book is well-structured and covers essential topics in General surgery and some sub-specialties, *viz*., Ophthalmology, Otorhinolaryngology, and four additional sub-specialties in Surgery; the sub-specialties are Urology, Burns and Plastic surgery, Pediatric surgery, and Neurosurgery. Chapter 1 is on General surgery, Chapter 2 is devoted to Ophthalmology, while Chapter 3 concentrates on Otorhinolaryngology, and Chapter 4 covers aspects of "Other sub-specialties in Surgery."

There are 350 multiple-choice questions of the single best answer (SBA) format; this is currently a preferred format for MCQs in the medical field. The version used in this book is the best-of-four option. Some experts opt for five options, but this author considers four options better because three options make room for guesswork. In comparison, five options are a distraction and consume the candidate's time in an examination setting. The author has made an effort to ensure that the candidate or reader who is familiar with the topic on which the question is set will be able to identify or work out the answer. In most cases, the Answer stands out, but in a few instances, more than one option appear to be correct, but only one is the best and, therefore, the Answer. The user of this book is advised not to be carried away by the similarity of most of the MCQ stems but to read each one critically, irrespective of how fast they read. A few of the MCQs have stems couched in the negative; such questions come with "Incorrect" or "Not" in the stem. Every number and MCQ stem is printed in bold fonts for emphasis.

The contents come in paired Chapters. The pairing is as follows: Chapter 1 and Chapter 5; Chapter 2 and Chapter 6; Chapter 3 and Chapter 7; Chapter 4 and Chapter 8. The first of each pair is the chapter on MCQs while the second consists of the Answers and accompanying Notes. The Notes are occasionally robust but do not contain the details in a typical book on Surgery or its sub-specialties. Contents of the Notes have References wherever the author considered their inclusion necessary; the reader is encouraged to use the reference materials for additional study.

The topics that are in this book are as follows:

Chapter 1 and Chapter 5: General surgery

- Wounds, wound healing, and wound care
- Suture materials, sutures, and suturing
- Intravenous fluids, blood transfusion, and shock
- Surface growths: Cystic hygroma, Goiters, Breast lumps, Lipomas, Ganglion, Hydrocele
- Pre-operative care, post-operative care, and post-operative complications
- Gastrointestinal system: Symptoms of gastrointestinal disease, Achalasia, Gastroesophageal reflux disease, Esophageal carcinoma, Gastric ulcer, Cancer of the stomach, Duodenal ulcer, Cholecystitis, Cholelithiasis, Amebic liver abscess, Appendicitis and appendectomy, Abdominal wall hernias, Volvulus, Intestinal obstruction, Meckel's diverticulum, Hemorrhoids, Anal fissure, Fistula-in-ano, Peri-rectal suppuration, Colorectal carcinoma
- Varicose veins and Leg ulcers
- Surgical procedures: Suturing of superficial wounds, Incision and drainage, Neonatal circumcision, Chest tube insertion, Thoracocentesis, Pericardiocentesis, Paracentesis abdominis, Superficial lymph node biopsy, Liver biopsy, Tumor biopsy

Chapter 2 and Chapter 6: Ophthalmology

- The bony orbit
- The extraocular muscles
- The eyeball
- The eyelids
- Lacrimal apparatus
- The optic nerve
- Orbital fat (Adipose body of the orbit)
- Blood vessels
- Innervation
- Lymphatic drainage
- Fascial sheath of the eyeball
- Accommodation
- History taking
- Eye examination
- Refractive errors

- Inflammatory disorders
- Viral conjunctivitis
- Bacterial conjunctivitis
- Ophthalmia neonatorum
- Granulomatous conjunctivitis
- Vernal keratoconjunctivitis
- Meibomian cysts
- Diseases affecting the eyelids
- Corneal ulcers
- Pterygium
- Cataracts
- Retinal diseases
- Glaucoma
- Optic neuritis
- Optic atrophy
- Topical treatment
- Urgent referral
- Loss of vision

Chapter 3 and Chapter 7: Otorhinolaryngology

- Infective etiological agents
- Symptoms in ORL
- Examination of ears, nose, and throat
- Acute and chronic rhinitis
- Nasal foreign bodies
- Nasal polyps
- Epistaxis
- Sinusitis
- Pharyngitis
- Tonsillitis
- Peritonsillar abscess
- Hypertrophy of adenoids
- Laryngitis
- Tracheitis
- Impacted wax
- Aural foreign bodies
- Ear syringing
- Otitis externa
- Acute otitis media

- Otitis media with effusion
- Secretory otitis media
- Chronic otitis media
- Ménière's disease
- Purulent labyrinthitis
- Aspects of management in otorhinolaryngology
- Mandibular fractures
- Direct laryngoscopy
- Endotracheal intubation
- Cricothyroidotomy (cricothyrotomy)
- Assessment of endotracheal tube placement
- Airway tumors
- Obstructive sleep apnea (OSA)
- Hearing loss

Chapter 4 and Chapter 8: Other Surgery Subspecialties

Urology

- Hydronephrosis
- Hydroureters
- Ureteric calculi
- Bladder calculi (stones)
- Carcinoma of the bladder
- Benign prostatic hyperplasia
- Carcinoma of the prostate
- Acute urinary retention
- Chronic urinary retention
- Urinary incontinence
- Cryptorchidism
- Torsion of the testis
- Urethral polyps
- Urethral caruncle
- Urethral catheterization
- Suprapubic cystostomy and catheterization
- Bouginage of the urethra

Burns and Plastic Surgery

- Assessment of percentage burns
- Thermal burn

- Burns affecting the head and neck
- Oral clefts
- Cancrum oris
- Fournier's gangrene
- Skin grafting
- Breast augmentation
- Reduction mammoplasty
- Bariatric surgery

Pediatric Surgery

- Inguinal hernia
- Umbilical hernia
- Infantile hypertrophic pyloric stenosis
- Gastroesophageal reflux disease
- Hirschsprung's disease (Congenital megacolon)
- Intussusceptions
- Duodenal atresia
- Appendicitis
- Adnexal tumors and masses
- Posterior urethral valves
- Neuroblastoma
- Nephroblastoma
- Brain tumors
- Severe obesity
- Pediatric trauma
- Male circumcision

Neurosurgery

- Glasgow Coma Scale
- Headache in neurosurgical conditions
- Head and brain injuries
- Complications of head injuries
- Hydrocephalus
- Stroke
- Brain tumors
- Brain metastases
- Spina bifida
- Spinal cord injuries
- Care for complications of spinal cord injuries

Index

This book contains chapter-based References and a stout Index – not every multiple-choice questions book has these features. The author's intention is for the reader to readily refer to any content of this book, and the book is, consequently, structured to make it user-friendly. The reader who has attended lectures and done personal study prior to using this book is promised a memorable experience. It is advised that the reader go through this book at least once before taking any of the professional examinations that include the aspects of Surgery addressed in this short but comprehensive book.

Inyang Ukot
Impact Clinics Ltd.
Plot 11, Road 1, Federal Housing Estate off Abak Road
Uyo, Akwa Ibom State, Nigeria

CHAPTER 1

General Surgery MCQs

Abstract: Chapters 1 and 5 of this book are on General surgery. While Chapter 1 is devoted to the Multiple-Choice Questions (MCQs), Chapter 5 contains the Answers and Notes for the MCQs. Chapter 1 has multiple-choice questions that cover Wounds, wound healing, and wound care; Suture materials, sutures, and suturing; Intravenous fluids, blood transfusion, and shock; Surface growths; Pre-operative care, post-operative care, and post-operative complications; Gastrointestinal system; Varicose veins and Leg ulcers; and Surgical procedures. The MCQs are arranged logically and end with questions on a few of the most common surgical procedures in General surgery. Chapter 1 contains one hundred and twenty multiple-choice questions. Chapter 5 constitutes the Answers and Notes. The Answers are the best from the four options that these MCQs present. The Notes provide explanations and further information on the topics selected for the MCQs.

Keywords: Blood transfusion, Gastrointestinal system, Intravenous fluids, Post-operative care, Post-operative complications, Pre-operative care, Shock, Suture materials, Suturing, Wound healing.

INTRODUCTION

Chapter 1 contains one hundred and twenty carefully selected multiple-choice questions. The Notes accompanying the answers to some MCQs provide important details regarding the clinical care of patients. The majority of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of General surgery and are eager to return to the fundamentals in this inescapable area of the broad subject of Surgery. The chapter therefore contains the following topics and conditions: Wounds, wound healing, and wound care; Suture materials, sutures, and suturing; Intravenous fluids, blood transfusion, and shock; Surface growths – Cystic hygroma, goiters, breast lumps, lipomas, ganglion, and hydrocele; Pre-operative care, post-operative care, and post-operative complications; Gastrointestinal system – Symptoms of gastrointestinal disease, achalasia, gastroesophageal reflux disease, esophageal carcinoma, gastric ulcer, cancer of the stomach, duodenal ulcer, cholecystitis, cholelithiasis, amebic liver abscess, appendicitis and appendectomy, abdominal wall hernias, volvulus, intestinal obstruction, Meckel's diverticulum, hemorrhoids, anal fissure, fistula-in-ano, peri-rectal suppuration, and colorectal carcinoma; Varicose veins and Leg

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

ulcers; Procedures in General surgery – Suturing of superficial wounds, incision and drainage, neonatal circumcision, chest tube insertion, thoracocentesis, pericardiocentesis, paracentesis abdominis, superficial lymph node biopsy, liver biopsy, and tumor biopsy.

Wounds, Wound Healing, and Wound Care

1. Which of the following statements about wound healing is correct?

A. Inflammation is detrimental to wound healing.
B. Epithelialization of a secondary healing wound usually lasts less than 24 hours.
C. Granulation tissue consists of poorly perfused proliferating capillaries.
D. Contraction plays an important role in filling skin wound defects.

2. Which of the following factors negatively affects healing of a wound?

A. Re-trauma.
B. Globular protein aggregation.
C. Collagen synthesis.
D. Collagen remodeling.

3. Which of the following is *not* standard wound care?

A. Application of concentrated antiseptic solution to the surface of a wound before suturing.
B. Taking a history of the wound before doing something definitive to it.
C. Thorough inspection to decide whether the wound is infected or contaminated.
D. Closing a deep wound in layers.

4. With regards to wound care, which of the following statements is incorrect?

A. Subcuticular sutures tend to make the scar wider than it would have been following suture removal.
B. Dry sterile gauze is desirable for dressing wounds.
C. Wet dressing may cause maceration of surrounding normal skin.
D. Dressing and sutures should be removed after inspection shows that the wound edges are held together properly.

Suture Materials, Sutures, and Suturing

5. Which of the following suture materials is absorbable?

A. Silk.
B. Dexon.
C. Nylon.
D. Cotton.

6. Which of the following statements about suture materials is correct?

A. Chromic catgut is tanned with chromium salts.
B. Plain and chromic catgut are solubilized by tissue collagenase within two weeks of applying them to human tissue.
C. Nylon and silk should be left in-situ when there is evidence of wound infection.
D. Uninfected tissue is expected to react to non-absorbable materials more than absorbable ones.

7. Which of the following is an acceptable mechanical method of closing a bleeding point?

A. Digital pressure.
B. Simple ligature for transected large arteries.
C. Distant pressure by tourniquet application.
D. Pressure by application of warm wet pack to diffuse bleeding.

8. Which of the statements about electrocautery is correct?

A. It causes vasoconstriction.
B. It is time-consuming.
C. More tissue than is desired may be necrosed.
D. The patient does not suffer burns.

9. Which of the following associations regarding suture materials is correct?

A. Polyglycolic acid suture – Absorbable suture.
B. Polyglactin 910 suture – Non-absorbable suture.
C. Polypropylene suture – Absorbable suture.
D. Polydioxanone suture – Non-absorbable suture.

CHAPTER 2

Ophthalmology MCQs

Abstract: Chapters 2 and 6 of this book are on Ophthalmology. While Chapter 2 is devoted to the Multiple-Choice Questions (MCQs), Chapter 6 contains the Answers and Notes for the MCQs. Chapter 2 has multiple-choice questions that cover the anatomy of the orbit and the eyes. These form the foundation for the rest of its contents. The reader is reminded of the prominence of history taking and examination in patients with eye conditions. The rest of the chapter is on disease conditions that affect the eyelids, lacrimal apparatus, sclera, conjunctiva, cornea, and the anterior and posterior segments of the eyes. The MCQs are arranged logically and end with questions on the optic nerve and loss of vision. Chapter 2 contains eighty multiple-choice questions. Chapter 6 constitutes the Answers and Notes. The Answers are the best from the four options that these MCQs present. The Notes provide explanations and further information on the topics of MCQs.

Keywords: Anatomy, Anterior segment, Autoimmune conditions, Blood supply, Errors of refraction, Glands, Growths, Infections, Inflammatory conditions, Lacrimal apparatus, Lymphatic drainage, Muscles, Nerves, Posterior segment, Toxicity, Traumatic conditions, Uvea, Uveal tract.

INTRODUCTION

This chapter contains eighty carefully selected multiple-choice questions. The questions are crafted to be attractive to every reader; the author has achieved this by ensuring that over 70% of the questions remain at the level of the fundamentals of Ophthalmology. The chapter hardly contains questions that are at the higher levels of Bloom's taxonomy. The Notes accompanying the answers to some MCQs provide important details regarding the clinical care of patients. The majority of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of Ophthalmology and are eager to return to their roots. The chapter therefore contains the following topics and conditions: The bony orbit, extraocular muscles, eyeball, eyelids, lacrimal apparatus, optic nerve, orbital fat (adipose body of the orbit), blood vessels, innervation, lymphatic drainage, fascial sheath of the eyeball, accommodation, history taking, eye examination, refractive errors, inflammatory disorders, viral conjunctivitis, bacterial conjunctivitis, ophthalmia neonatorum, granulomatous conjunctivitis, vernal keratoconjunctivitis, meibomian cysts, diseases affecting the

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

eyelids, corneal ulcers, pterygium, cataracts, retinal diseases, glaucoma, optic neuritis, optic atrophy, topical treatment, urgent referral, and loss of vision.

The Bony Orbit

1. Regarding the bony orbit, how many bones are there?

A. Seven.
B. Three.
C. Five.
D. Four.

2. When viewed from the front, which bone forms the inferomedial border of the bony orbit?

A. Frontal bone.
B. Lacrimal bone.
C. Maxilla.
D. Zygomatic bone.

3. Which of the following bones forms the posterior boundary of the bony orbit?

A. Zygomatic bone.
B. Sphenoid bone.
C. Frontal bone.
D. Lacrimal bone.

4. Which of the following bones constitutes the lateral border of the bony orbit?

A. Zygomatic bone.
B. Sphenoid bone.
C. Frontal bone.
D. Lacrimal bone.

5. Which of the following bones does *not* contribute to the medial wall of the bony orbit?

A. Ethmoid bone.
B. Frontal bone.
C. Maxillary bone.
D. Lacrimal bone.

6. A 37-year-old male is involved in severe facial trauma. There is a dislocation of the left eyeball inferiorly. Which orbital bone is fractured?

A. Ethmoid bone.
B. Sphenoid.
C. Frontal bone.
D. Maxilla.

The Extraocular Muscles

7. Which of the following muscles is *not* an extraocular muscle?

A. Ciliary muscle.
B. Lateral rectus muscle.
C. Inferior oblique muscle.
D. Superior rectus muscle.

8. What is the primary action of the inferior oblique muscle?

A. Extorsion.
B. Intorsion.
C. Depression.
D. Medial rotation.

9. Regarding the superior rectus muscle, which of the following statements is correct?

A. It causes lateral movement of the eyeball.
B. Its overall action is incycloduction.
C. It moves the eyeball downwards and towards the nose.
D. It is not connected to the levator palpebrae superioris.

The Eyeball

10. Which of the following is *not* a layer of the eyeball?

A. Fibrous.
B. Vascular.
C. Muscular.
D. Inner.

CHAPTER 3

Otorhinolaryngology MCQs

Abstract: Chapters 3 and 7 of this book are on Otorhinolaryngology (ORL). While Chapter 3 addresses Multiple-Choice Questions (MCQs), Chapter 7 contains the Answers and Notes for the MCQs. Chapter 3 has multiple-choice questions that cover Symptoms in ORL, Examination of ears, nose, and throat, Ear diseases, Nose diseases, Throat diseases, Procedures in ENT, Aspects of management in otorhinolaryngology, and Complications in otorhinolaryngological conditions. The MCQs are arranged logically and end with questions on the most serious condition in otology – hearing loss. These MCQs are squeezed into seventy-five multiple-choice questions. Chapter 7 constitutes the Answers and Notes to the multiple-choice questions. The Answers are the best from the four options that these MCQs present. The Notes provide explanations and further information on the topics of MCQs.

Keywords: Complications in otorhinolaryngology, Ear diseases, Examination of ears, Nose and throat, Nose diseases, Procedures in ENT, Symptoms in ORL, Throat diseases, Treatment in ENT.

INTRODUCTION

Chapter 3 contains seventy-five carefully selected multiple-choice questions. The questions are crafted to be attractive to every reader; the author has achieved this by making 70% of the questions stay at the level of the fundamentals of Otorhinolaryngology. The chapter hardly contains questions that are at the higher levels of Bloom's taxonomy. It is only in Chapter 7 (the Notes that accompany the Answers of some MCQs) that the author provides some important details with respect to the clinical care of patients. The majority of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of Otorhinolaryngology and are eager to return to the fundamentals in this subspecialty of the broad subject of Surgery. The two chapters contain the following topics and conditions: Infective etiological agents**,** Symptoms in ORL**,** Examination of ears, nose, and throat**,** Acute and chronic rhinitis**,** Nasal foreign bodies**,** Nasal polyps**,** Epistaxis**,** Sinusitis, Pharyngitis**,** Tonsillitis, Peritonsillar abscess**,** Hypertrophy of adenoids**,** Laryngitis**,** Tracheitis, Impacted wax**,** Aural foreign bodies**,** Ear syringing**,** Otitis externa**,** Acute otitis media, Otitis media with effusion, Secretory otitis media**,** Chronic otitis media**,**

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

Ménière's disease, Purulent labyrinthitis, Aspects of management in otorhinolaryngology, Mandibular fractures, Direct laryngoscopy, Endotracheal intubation, Cricothyroidotomy (cricothyrotomy), Assessment of endotracheal tube placement, Airway tumors, Obstructive sleep apnea (OSA), and Hearing loss.

Infective Etiological Agents

1. Which of the following viruses is *not* a common etiological agent of tonsillitis or pharyngitis?

A. Coronavirus.
B. Cytomegalovirus.
C. Rhinovirus.
D. Adenovirus.

2. Which is the most common organism among bacterial causes of tonsillitis and pharyngitis?

A. Group A β-hemolytic Streptococcus.
B. *Streptococcus pneumoniae*.
C. *Mycoplasma pneumoniae*.
D. *Chlamydia pneumoniae*.

3. With respect to the modified Centor score for an adult suspected to have Group A β-hemolytic streptococcus infection, which of the following statements is correct?

A. Breathlessness is positive for the diagnosis.
B. Fever and absence of cough do not justify testing the patient.
C. Absence of cough with presence of tonsillar exudates does not justify patient testing.
D. Tonsillar exudates, absence of cough, and tender anterior cervical lymphadenopathy justify empirical antibiotic therapy.

Symptoms in Otorhinolaryngology

4. Which of the following conditions does *not* have otalgia as a feature?

A. Trigeminal neuralgia.
B. Bronchitis.
C. Pharyngitis.
D. Tonsillitis.

5. Which of the following statements about tinnitus is incorrect?

A. It results from an appropriate acoustic stimulus.
B. It may be perceived as a ringing or buzzing sound.
C. It is a feature of many ear disorders.
D. It is a known toxic effect of aminoglycosides.

Examination of Ears, Nose, and Throat

6. A mother brings her 22-month-old daughter to you with the complaint of right-sided ear discharge in the child. You plan to examine the girl using an auroscope (otoscope). Who will you use as an assistant in restraining the child for this examination?

A. The mother.
B. A medical student.
C. A student nurse.
D. A nurse in the ENT unit.

7. A 12-year-old boy is brought by the father for ENT consultation based on the observation that his long-standing snoring during sleep is getting worse; he and his wife want him to experience relief. What examination finding may point to the diagnosis?

A. Enlarged and hyperemic uvula.
B. Nasal discharge with crusting.
C. Bilaterally enlarged tonsils.
D. Deviation of the nasal septum.

8. A 15-month-old boy develops fever, and the following day the mother observes left nasal discharge with the child not allowing her to check or touch the nose or any part of his face. The parents bring the child for consultation. Which of the following would you do first after reassuring the patient?

A. Examine the left nasal cavity.
B. Examine the right nasal cavity.
C. Examine the throat.
D. Auscultate the chest.

CHAPTER 4

Other Surgery Subspecialties MCQs (Urology; Burns and Plastic Surgery; Pediatric Surgery; Neurosurgery)

Abstract: Chapters 4 and 8 of this book are on Other surgery subspecialties: (Urology; Burns and Plastic Surgery; Pediatric Surgery; Neurosurgery). While Chapter 4 focuses on Multiple-Choice Questions (MCQs), Chapter 8 dwells on the Answers and Notes for the MCQs. Chapter 4 has multiple-choice questions that cover Urological conditions in the kidneys, ureters, urinary bladder, prostate gland, testes, and three selected procedures – Urethral catheterization, Suprapubic cystostomy and catheterization, and Bouginage of the urethra. Burns and plastic surgery topics covered are Burns, Orofacial clefts, Skin grafting, Breast augmentation, Reduction mammoplasty, and Bariatric surgery. Regarding Pediatric surgery, the following are the topics that were chosen to be included in this chapter: Congenital and acquired abnormalities in the gastrointestinal system, kidneys, bladder base, and the commonly performed procedure, male circumcision. The MCQs are arranged logically. These MCQs are squeezed into seventy-five multiple-choice questions. Chapter 8 constitutes the Answers and Notes for the multiple-choice questions. The Answers are the best from the four options that these MCQs present. The Notes provide explanations and further information on the topics for the MCQs.

Keywords: Benign prostatic hyperplasia, Carcinoma of the bladder, Hydronephrosis, Torsion of the testis, Ureteric calculi, Urethral caruncle.

INTRODUCTION

Chapter 4 contains seventy-five carefully selected multiple-choice questions. The questions are crafted to be attractive to every reader; the author has achieved this by making 50% of the questions stay at the level of the fundamentals of Other surgery subspecialties: Urology; Burns and Plastic Surgery; Pediatric Surgery; Neurosurgery. The chapter hardly contains questions that are at the higher levels of Bloom's taxonomy. It is in Chapter 8 (the Notes that accompany the Answers of some MCQs) that the author provides some important details with respect to the clinical care of patients. The majority of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of Other surgery subspecialties (Urology; Burns and Plastic Surgery; Pediatric Surgery; Neurosurgery) and are eager to return to the

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

fundamentals in these subspecialties of the broad subject of Surgery. The two chapters contain the following topics and conditions: In Urology, the following are the topics: Hydronephrosis, Hydroureters, Ureteric calculi, Bladder calculi (stones), Carcinoma of the bladder, Benign prostatic hyperplasia, Carcinoma of the prostate, Acute urinary retention, Chronic urinary retention, Urinary incontinence, Cryptorchidism, Torsion of the testis, Urethral polyps, Urethral caruncle, Urethral catheterization, Suprapubic cystostomy and catheterization, and Bouginage of the urethra. Burns and plastic surgery topics discussed are Assessment of percentage burns, Thermal burn, Burns affecting the head and neck, Oral clefts, Cancrum oris, Fournier's gangrene, Skin grafting, Breast augmentation, Reduction mammoplasty, and Bariatric surgery. Regarding Pediatric surgery, the following are the topics discussed: Umbilical hernia, Infantile hypertrophic pyloric stenosis, Hirschsprung's disease (Congenital megacolon), Intussusceptions, Duodenal atresia, Posterior urethral valves, Neuroblastoma, Nephroblastoma, and Male circumcision. Neurosurgery topics are few but include Head injury, Missile injuries, Traumatic brain injury, Glasgow Coma Scale, Stroke, Brain tumors, and Brain metastases.

Urology

Hydronephrosis

1. A 63-year-old patient with benign prostatic hypertrophy has *not* been adherent to medical management. Which of the following investigations is unlikely to indicate hydronephrosis?

A. Full (Complete) blood counts.
B. Intravenous urogram (pyelogram).
C. Abdominal ultrasound scan.
D. Voiding cystourethrogram.

Hydroureters

2. A 30-year-old primigravida refused to undergo myomectomy for a 7cm postero-fundal leiomyoma. Which of the following is an unlikely complication of hydroureter at 23 weeks cyesis?

A. Urinary tract infection.
B. Pyelonephritis.
C. Post-obstructive diuresis.
D. Chronic constipation.

Ureteric Calculi

3. A 49-year-old man has episodes of joint pains and hematuria. Which of the following is most likely to be the nature of stones identified from his ureters?

A. Struvite stones.
B. Cystine stones.
C. Uric acid stones.
D. Calcium stones.

Bladder Calculi (Stones)

4. A 40-year-old man consults with you with the following symptoms and/or signs. Which of them is indicative of further history and evaluation for bladder calculi (stones)?

A. Severe epigastric pain.
B. Hematuria with associated cloudiness of urine.
C. Passage of large volume of urine.
D. Loin/flank pain.

Carcinoma of the Bladder

5. With respect to classic squamous cell carcinoma of the bladder, which of the following statements is correct?

A. Frequent episodes of bacterial cystitis predispose to this carcinoma.
B. The usual sites are the anterior bladder wall and the trigone.
C. Chronic irritation from long-standing catheterization is a predisposing factor.
D. Chemotherapy is standard therapy after making a definitive diagnosis.

6. Which of the following statements about adenocarcinoma of the bladder is correct?

A. It is the most common variety of bladder cancer.
B. Heavy *Schistosoma haematobium* infection is a rare cause.
C. Diagnosis is by detailed cystoscopic examination of the urethra and bladder.
D. Prognosis is good.

CHAPTER 5

General Surgery MCQs Answers and Notes

Abstract: Chapters 1 and 5 of this book are on General surgery. While Chapter 1 is devoted to the Multiple-Choice Questions (MCQs), Chapter 5 contains the Answers and Notes for the MCQs. Chapter 1 has multiple-choice questions that cover Wounds, wound healing, and wound care; Suture materials, sutures, and suturing; Intravenous fluids, blood transfusion, and shock; Surface growths; Pre-operative care, post-operative care, and post-operative complications; Gastrointestinal system; Varicose veins and Leg ulcers; and Surgical procedures. The MCQs are arranged logically and end with questions on a few of the most common surgical procedures in General surgery. Chapter 1 contains one hundred and twenty multiple-choice questions. Chapter 5 constitutes the Answers and Notes. The Answers are the best from the four options that these MCQs present. The Notes provide explanations and further information on the topics selected for the MCQs.

Keywords: Blood transfusion, Gastrointestinal system, Intravenous fluids, Post-operative care, Post-operative complications, Pre-operative care, Shock, Suture materials, Suturing, Wound healing.

INTRODUCTION

Chapter 5 contains one hundred and twenty carefully selected multiple-choice questions. The Notes accompanying the answers to some MCQs provide important details regarding the clinical care of patients. The majority of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of General surgery and are eager to return to the fundamentals in this inescapable area of the broad subject of Surgery. The chapter therefore contains the following topics and conditions: Wounds, wound healing, and wound care; Suture materials, sutures, and suturing; Intravenous fluids, blood transfusion, and shock; Surface growths – Cystic hygroma, goiters, breast lumps, lipomas, ganglion, and hydrocele; Pre-operative care, post-operative care, and post-operative complications; Gastrointestinal system – Symptoms of gastrointestinal disease, achalasia, gastroesophageal reflux disease, esophageal carcinoma, gastric ulcer, cancer of the stomach, duodenal ulcer, cholecystitis, cholelithiasis, amebic liver abscess, appendicitis and appendectomy, abdominal wall hernias, volvulus, intestinal obstruction, Meckel's diverticulum, hemorrhoids, anal fissure, fistula-in-ano, peri-rectal suppuration, and colorectal carcinoma; Varicose veins and Leg

All rights reserved-© 2026 Bentham Science Publishers

ulcers; Procedures in General surgery – Suturing of superficial wounds, incision and drainage, neonatal circumcision, chest tube insertion, thoracocentesis, pericardiocentesis, paracentesis abdominis, superficial lymph node biopsy, liver biopsy, and tumor biopsy.

Wounds, Wound Healing, and Wound Care

1. D. The processes of controlled inflammation create an appropriate background for healing to take place [1]. Epithelialization lasting under 24 hours is true of a primary healing wound; secondary healing wounds may epithelialize in days to weeks. A scab satisfactorily maintains internal homeostasis of a wound; it also provides protection against contamination by external agents, but this is limited. The capillary loops of granulation tissue are richly perfused. Mesenchymal stem cells (MSCs) are a viable option for wound healing; this is because they have properties that include paracrine and immunomodulatory effects. When they are transplanted, mesenchymal stem cells control inflammation and accelerate the healing process [1]. In addition to other immunomodulatory mechanisms, including handling neutrophil activity and modifying macrophage polarization, these cells may be involved in modifying the activation of cells like natural killer (NK) cells, dendritic cells (DCs), and T cells [1].

2. A. The hemostasis and inflammatory phase usually ends within 72 hours [2]. Adult humans who have wounds show four wound healing phases as follows: hemostasis phase, inflammatory phase, proliferation phase, and remodeling phase. The alternative names are hemostasis, inflammatory, granulation, and maturation phases. Collagen synthesis is evident from the fifth day and progresses till the 42^{nd} day. However, progress after the 17^{th} day is less than between the sixth and 17^{th} days. Collagen remodeling is responsible for further wound strength, which goes on for two years. Epithelialization and vascularization also contribute to wound healing. The well-known, extremely regulated cellular, humoral, and molecular processes of healing usually result in desirable regeneration, but not always; in adults, the repair process may result in scarring or chronic wounds that do not heal [3].

3. A. Harsh solutions may be applied to uninjured skin at wound edges but not to the wound surfaces. A contaminated wound may be converted into a clean wound by adequate cleansing with generous amounts of saline; it may then be closed. An infected wound is not likely to heal satisfactorily if it is closed after the above measure. Closing a deep wound in layers ensures that a dead space is not created.

Where the loss is in an area of stretchable skin, the wound edges should be approximated to allow healing by epithelialization and contraction.

4. A. Subcuticular and intradermal sutures prevent widening as they hold the fibrous protein layer of skin together. Buried vertical mattress sutures are subcuticular suture techniques [4]. Dry sterile gauze is desirable for dressing wounds. Wet dressing may cause maceration of the surrounding normal skin. Dressings and sutures should be removed after inspection shows that the wound edges are held together satisfactorily.

Suture Materials, Sutures, and Suturing

5. B. Dexon is polyglycolic acid, and vicryl is polyglactin. These are two globally available suture materials. Dexon came into clinical use before vicryl. When a wound undergoes primary closure, the purpose of using suture materials is to achieve and maintain wound edge approximation until the healing wound develops adequate strength to resist the various degrees of tensile forces that a patient may subject the wound to during their daily activities, especially during the early days of the healing process. From recombinant *Escherichia coli* strains, sutures have been produced by genetic engineering [5]. Novel types of sutures include magnesium alloy absorbable sutures and fibronectin incorporation into existing suture materials. The fibronectin coating serves two main purposes: preventing infective bacteria from binding to wound tissues and enhancing the migration and adhesion of cells to the wound; this way, wound healing is facilitated. Other natural polymers are fibrin, keratin, collagen, elastin, amylose/amylopectin silk, chitosan, alginate, and hyaluronic acid [6]. Octyl-2-cyanoacrylate (OCA) is an adhesive that exerts its effect within ten seconds after application. Its breaking strength is about five times that of monofilament nylon sutures. The newer and thicker version of this adhesive material is high-viscosity octyl-2-cyanoacrylate (HVOCA). Undue frequent wound cleansing or application of ointment to the wound to which this adhesive has been applied may result in the adhesive sloughing off prematurely, before the recommended 10-day period required for adequate epithelialization of the wound [7].

6. A. Chromic catgut is still intact three weeks after using it for suturing. Nylon and silk should be removed as they form a good nidus to perpetuate an infection; this leads to stitch abscess and sinus tract formation. The converse is true because absorbable sutures are made from animal protein.

CHAPTER 6

Ophthalmology MCQs Answers and Notes

Abstract: Chapters 2 and 6 of this book are on Ophthalmology. While Chapter 2 is devoted to Multiple-Choice Questions (MCQs), Chapter 6 contains the Answers and Notes for the MCQs. Chapter 2 has multiple-choice questions that cover the anatomy of the orbit and the eyes. These form the foundation for the rest of its contents. The reader is reminded of the prominence of history taking and examination in patients with eye conditions. The rest of the chapter is on disease conditions that affect the eyelids, lacrimal apparatus, sclera, conjunctiva, cornea, and the anterior and posterior segments of the eyes. The MCQs are arranged logically and end with questions on the optic nerve and loss of vision. Chapter 2 contains eighty multiple-choice questions. Chapter 6 constitutes the Answers and Notes. The Answers are the best from the four options that these MCQs present. The Notes provide explanations and further information on the MCQ topics.

Keywords: Anatomy, Blood supply, Glands, Lacrimal apparatus, Lymphatic drainage, Muscles, Nerves, Refractive errors, Uvea, Uveal tract.

INTRODUCTION

This chapter contains eighty carefully selected multiple-choice questions. The questions are crafted to be attractive to every reader; the author has achieved this by making over 70% of the questions stay at the level of the fundamentals of Ophthalmology. The chapter hardly contains questions that are at the higher levels of Bloom's taxonomy. The Notes accompanying the answers to some MCQs provide important details regarding the clinical care of patients. Most of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of Ophthalmology and are eager to return to their roots. The chapter therefore contains the following topics and conditions: The bony orbit, extraocular muscles, eyeball, eyelids, lacrimal apparatus, optic nerve, orbital fat (adipose body of the orbit), blood vessels, innervation, lymphatic drainage, fascial sheath of the eyeball, accommodation, history taking, eye examination, refractive errors, inflammatory disorders, viral conjunctivitis, bacterial conjunctivitis, ophthalmia neonatorum, granulomatous conjunctivitis, vernal keratoconjunctivitis, meibomian cysts, diseases affecting the eyelids, corneal ulcers, pterygium, cataracts, retinal diseases, glaucoma, optic neuritis, optic atrophy, topical treatment, urgent referral, and loss of vision.

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

The Bony Orbit

1. A. Seven bones constitute the bony orbit in humans. The bones are the pars orbitalis of the frontal bone, orbital surface of the maxillary bone, lacrimal bone, orbital process of the zygomatic bone, orbital process of the ethmoid bone, lamina papyracea of the ethmoid bone, and the greater and lesser wings of the sphenoid bone [1].

2. C. The maxilla forms the inferomedial border of the bony orbit. From the main maxillary bone, a process projects superiorly to form the inferomedial border.

3. B. The sphenoid bone forms the posterior wall of the bony orbit. Within it is the orbital canal from which the orbital nerve exits.

4. A. The zygomatic bone borders the bony orbit laterally. The bony orbit has four bony walls. The walls contain openings and channels that link the bony orbit and its contents with the intracranial cavity, pterygopalatine fossa, temporal fossa, infratemporal fossa, the nose, and paranasal sinuses.

5. B. The frontal bone forms the superior wall of the bony orbit and does not contribute to the formation of the medial wall of the bony orbit. The ethmoid bone contributes its lamina papyracea to the medial wall of the bony orbit. The medial wall of the bony orbit has an opening, the lacrimal fossa, which is formed by the maxillary bone and the lacrimal bone.

6. D. The maxillary bone forms the inferior border and floor of the orbital bone. When there is trauma to an adult’s eyeball, and it is severe enough to overcome the resistance or protection that the floor of the orbit provides, there is a fracture of the maxilla. This is a blowout fracture, and the eye is dislocated inferiorly and drops into the ipsilateral maxillary sinus [2].

The Extraocular Muscles

7. A. The ciliary muscle is a muscle within the eye. There are six extraocular muscles; these extraocular muscles are the superior rectus, inferior rectus, superior oblique, inferior oblique, lateral rectus, and medial rectus muscles. Alongside fibrovascular connective tissue, sensory nerves, motor nerves, fatty tissue, and blood vessels, the extraocular muscles constitute the soft tissues of the orbit.

8. A. What the inferior oblique muscle does primarily is to cause the rotation of the superior portion of the eye laterally (extorsion). The muscle's secondary action is

elevation; its tertiary action is abduction. The overall result of the actions of the inferior oblique muscle is a combination of rotation, elevation, and abduction [3]. At 37 mm in length, the inferior oblique is the shortest extraocular eye muscle; its tendon is also the shortest amongst its peers. The inferior oblique is different from all other extraocular muscles in the sense that its origin is neither the annulus of Zinn nor the common tendinous ring, but from the orbital floor lateral to the nasolacrimal groove [4]. From its origin, the inferior oblique traverses the inferior surface of the eye, positioned between the floor of the orbit and the inferior rectus. *Via* its short tendon, this muscle inserts on the posterior inferolateral surface of the globe at the sclera inferior to the lateral rectus. The two surfaces of the inferior oblique muscle are the superior ocular and the inferior orbital surfaces [4]. Overactivity of the inferior oblique muscle causes vertical strabismus. A surgical operation on this muscle corrects strabismus [3].

9. B. The superior rectus has a primary action of elevating the eye, causing the cornea to move superiorly. The origin of the superior rectus muscle is the annulus of Zinn from where the muscle runs anterior and superior courses; the muscle therefore moves over the eye globe and makes a 23º angle with the axis of vision. It is this angle that ensures that the muscle has its secondary and tertiary actions – adduction and intorsion (incycloduction), respectively [5]. Another name for incycloduction is intorsion. In intorsion, the upper pole of the eyeball rotates in the anteroposterior axis medially (towards the nose). The superior rectus is, by its tendon, attached to the levator palpebrae superioris.

The Eyeball

10. C. The eyeball does not have a muscular layer. The layers are the fibrous (outer) layer, the vascular layer (uvea), and the inner layer.

11. D. The sclera is a part of the fibrous layer of the eyeball. The sclera and the cornea constitute the fibrous coat (layer) of the eyeball. The cornea is the transparent anterior part of the outer (fibrous) layer of the eyeball, while the sclera is the rest of the outer coat of the eyeball; it is white. The cornea consists of three parts – from the front, they are the lipid (oil) layer, the aqueous (watery) layer, and the mucous layer. The choroid, pupil, ciliary body, and iris are components of the vascular layer of the eyeball [6].

12. B. The cornea is one of the structures in the fibrous layer of the eyeball. The inner layer (the retina) comprises the macula lutea (macula), fovea centralis, and optic disk. Regarding the retina, it has specialized cells referred to as

CHAPTER 7

Otorhinolaryngology MCQs Answers and Notes

Abstract: Chapters 3 and 7 of this book are on Otorhinolaryngology (ORL). While Chapter 3 addresses Multiple-Choice Questions (MCQs), Chapter 7 contains the Answers and Notes for the MCQs. Chapter 3 has multiple-choice questions that cover Symptoms in ORL, Examination of the ears, nose, and throat, Ear diseases, Nose diseases, Throat diseases, Procedures in ENT, Aspects of management in otorhinolaryngology, and Complications in otorhinolaryngological conditions. The MCQs are arranged logically and end with questions on the most serious condition in otology – hearing loss. These MCQs are compressed into seventy-five multiple-choice questions. Chapter 7 constitutes the Answers and Notes to the multiple-choice questions. The Answers are the best from the four options that these MCQs present. The Notes provide explanations and further information on the topics selected for the MCQs.

Keywords: Complications in otorhinolaryngology, Ear diseases, Examination of ears, Nose and throat, Nose diseases, Procedures in ENT, Symptoms in ORL, Throat diseases, Treatment in ENT.

INTRODUCTION

Chapter 3 contains seventy-five carefully selected multiple-choice questions. The questions are crafted to be attractive to every reader; the author has achieved this by ensuring that 70% of the questions stay at the level of the fundamentals of Otorhinolaryngology. The chapter hardly contains questions that are at the higher levels of Bloom's taxonomy. It is only in Chapter 7 (the Notes that accompany the Answers of some MCQs) that the author provides some vital details with respect to the clinical care of patients. The majority of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of Otorhinolaryngology and are eager to return to the fundamentals in this subspecialty of the broad subject of Surgery. The two chapters therefore contain the following topics and conditions: Infective etiological agents**,** Symptoms in ORL**,** Examination of ears, nose, and throat**,** Acute and chronic rhinitis**,** Nasal foreign bodies**,** Nasal polyps**,** Epistaxis**,** Sinusitis, Pharyngitis**,** Tonsillitis, Peritonsillar abscess**,** Hypertrophy of adenoids**,** Laryngitis**,** Tracheitis, Impacted wax**,** Aural foreign bodies**,** Ear syringing**,** Otitis externa**,** Acute otitis media, Otitis media with effusion, Secretory otitis media**,** Chronic otitis

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

media**,** Ménière's disease**,** Purulent labyrinthitis**,** Aspects of management in otorhinolaryngology**,** Mandibular fractures**,** Direct laryngoscopy, Endotracheal intubation, Cricothyroidotomy (cricothyrotomy)**,** Assessment of endotracheal tube placement**,** Airway tumors**,** Obstructive sleep apnea (OSA)**,** and Hearing loss.

Infective Etiological Agents

1. B. Cytomegalovirus occasionally causes tonsillitis and pharyngitis, but the commoner causes are Coronavirus, Rhinovirus, and Adenovirus. In about 25% of children who undergo tonsillectomy, different lineages of SARS-CoV-2 have the potential to infect their adenoids and tonsils. This is a pointer to the fact that among patients who do not have COVID-19 symptoms in recent times, their tonsils may harbor protracted infection. Among other cells like macrophages and dendritic cells, SARS-CoV-2 may counter the ability of adenoids and tonsils to provide local immunity that is expected of them [1].

2. A. The commonest bacterial etiological agent for tonsillitis and pharyngitis is Group A β-hemolytic Streptococcus. Of the bacterial causes of tonsillitis, Group A Streptococcus may lead to complications like peritonsillar abscess, poststreptococcal glomerulonephritis, and acute rheumatic fever [2].

3. D. With respect to the modified Centor score for an adult suspected to have Group A β-hemolytic streptococcus infection, tonsillar exudates, absence of cough, and anterior cervical lymphadenitis justify empirical antibiotic therapy; these are three of the four criteria – the fourth is history of fever. Breathlessness is not a criterion for the modified Centor score. Any two of the four criteria justify evaluating an adult using rapid antigen tests or culture. A Centor score that is less than 3 favors excluding a diagnosis of Group A Streptococcal (GAS) pharyngitis, while Centor scores 3 and 4 require an additional examination before confirming GAS pharyngitis [3].

Symptoms in Otorhinolaryngology

4. B. Otalgia in trigeminal neuralgia, sinusitis, pharyngitis, and tonsillitis is because of referred pain [4]. Excruciating ipsilateral episodic otalgia is a feature of trigeminal neuralgia; the pain is *via* the auriculotemporal branch of the trigeminal nerve. Multiple innervations of the ear, *i.e*., V, VII, IX, X, C2, and C3, are responsible for referred ear pain from non-otologic conditions. Pharyngitis causes resorption of air in the Eustachian tube as well as obstruction. The pressure difference between the Eustachian tube and the atmosphere leads to retraction of

the tympanic membrane and associated pain. Referred otalgia may also arise from the temporo-mandibular joint, tongue, teeth, larynx, esophagus, and trachea. When ENT causes of ear pain have been ruled out, the physician should pay attention to history, physical examination, laboratory, and other investigations to make the diagnosis of non-otologic causes and give appropriate treatment.

5. A. Tinnitus is a subjective feeling whereby the patient perceives sound without any acoustic stimulus. It is a feature of many ear disorders, *e.g.*, otitis externa, otitis media, Meniere's disease, otosclerosis, and labyrinthitis. Tinnitus is a known toxic effect of aminoglycosides and salicylates. Tinnitus may also be relieved by masking; this is by playing background music when awake or sleeping. Habituation is another modality for managing tinnitus.

Examination of Ears, Nose, and Throat

6. D. A nurse in the ear, nose, and throat (ENT) unit is the best person that you should use to restraint a young child who may be uncooperative for ear examination from apprehension; this is because a nurse trained in otorhinolaryngology knows how to restrain children properly; As far as reasonably practicable, the nurse or the willing and able parent should incorporate play into the examination of small children [5]. This approach may reassure, calm them, and arrest their attention. With respect to using the mother, a trained or well-informed mother may be the best option due to existing bonding between her and the young child [6]. However, emotional attachment to her child and unfamiliarity with the procedure for restraint are challenges to proper conduct of the examination. Improper or inadequate restraint by a student nurse or medical student who is still undergoing training in the clinical years may make the duration of the examination longer, fraught with safety issues, or not thorough enough.

7. C. The finding of bilaterally enlarged tonsils is the pointer to this adolescent with progressively worse snoring during sleep; the diagnosis is chronic tonsillitis. Other features of chronic tonsillitis include snoring, breathing through the mouth rather than the nose, problematic and strained breathing, frequent and short periods of cessation in breathing during sleep, restlessness during sleep and frequent awakening, and assuming awkward sleeping positions like bending the head backwards. There may even be enuresis [7]. Bilaterally enlarged and hyperemic tonsils indicate acute tonsillitis in a patient with recurrent tonsillitis. The finding of a deviated nasal septum is not an explanation for his symptomatology.

CHAPTER 8

Other Surgery Subspecialties: (Urology; Burns and Plastic Surgery; Pediatric Surgery; Neurosurgery) MCQs Answers and Notes

Abstract: Chapters 4 and 8 of this book are on Other surgery subspecialties: (Urology; Burns and Plastic Surgery; Pediatric Surgery; Neurosurgery). While Chapter 4 focuses on Multiple-Choice Questions (MCQs), Chapter 8 dwells on the Answers and Notes for the MCQs. Chapter 4 has multiple-choice questions that cover Urological conditions in the kidneys, ureters, urinary bladder, prostate gland, testes, ureters, and three selected procedures – Urethral catheterization, Suprapubic cystostomy and catheterization, and Bouginage of the urethra. Burns and plastic surgery topics covered are Burns, Orofacial clefts, Skin grafting, Breast augmentation, Reduction mammoplasty, and Bariatric surgery. Regarding Pediatric surgery, the following are the topics that were chosen to be included in this chapter: Congenital and acquired abnormalities in the gastrointestinal system, kidneys, bladder base, and the commonly performed procedure, male circumcision. The MCQs are arranged logically. These MCQs are compiled into seventy-five multiple-choice questions. Chapter 8 constitutes the Answers and Notes for the multiple-choice questions. The Answers are the best from the four options that these MCQs offer. The Notes provide explanations and further information on the topics selected or mentioned for the MCQs.

Keywords: Benign prostatic hyperplasia, Carcinoma of the bladder, Hydronephrosis, Torsion of the testis, Ureteric calculi, Urethral caruncle.

INTRODUCTION

Chapter 4 contains seventy-five carefully selected multiple-choice questions. The questions are crafted to be attractive to every reader; the author has achieved this by ensuring that 50% of the questions stay at the level of the fundamentals of Other surgery subspecialties (Urology; Burns and Plastic Surgery; Pediatric Surgery; Neurosurgery). The chapter hardly contains questions that are at the higher levels of Bloom's taxonomy. It is only in Chapter 8 (the Notes that accompany the Answers of some MCQs) that the author provides key details with respect to the clinical care of patients. The majority of the Notes are detailed and provide medical students with essential facts for revision for examinations, but they are even more relevant during their years of practice as clinicians. This chapter is particularly useful for practitioners of medicine who did not have enough time in medical school to get a good grasp of Other surgery subspecialties (Urology; Burns and Plastic

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

Surgery; Pediatric Surgery; Neurosurgery) and are eager to return to the fundamentals in these subspecialties of the broad subject of Surgery. The two chapters therefore contain the following topics and conditions: In Urology the following are the topics: Hydronephrosis, Hydroureters, Ureteric calculi, Bladder calculi (stones), Carcinoma of the bladder, Benign prostatic hyperplasia, Carcinoma of the prostate, Acute urinary retention, Chronic urinary retention, Urinary incontinence, Cryptorchidism, Torsion of the testis, Urethral polyps, Urethral caruncle, Urethral catheterization, Suprapubic cystostomy and catheterization, and Bouginage of the urethra. Burns and plastic surgery topics discussed are Assessment of percentage burns, Thermal burn, Burns affecting the head and neck, Oral clefts, Cancrum oris, Fournier's gangrene, Skin grafting, Breast augmentation, Reduction mammoplasty, and Bariatric surgery. With respect to Pediatric surgery, the topics discussed in this chapter are as follows: Umbilical hernia, Infantile hypertrophic pyloric stenosis, Hirschsprung's disease (Congenital megacolon), Intussusceptions, Duodenal atresia, Posterior urethral valves, Neuroblastoma, Nephroblastoma, and Male circumcision. Neurosurgery topics are few, but include Head injury, Missile injuries, Traumatic brain injury, Glasgow Coma Scale, Stroke, Brain tumors, and Brain metastases.

Urology

Hydronephrosis

1. A. Full blood count is not expected to be useful in diagnosing hydronephrosis in a patient with benign prostatic hypertrophy, especially in a patient who has not been adherent to medical management; it may be useful in advanced stages when the patient develops chronic renal disease with anemia of chronic disease. The blood tests that are useful in diagnosing effects of hydronephrosis are serum electrolytes, urea, and creatinine, as high values are features of deranged renal function from the pressure effects on nephrons. Intravenous urography (IVU), also referred to as intravenous pyelography and excretory pyelography, gives information on the anatomy and function of the urinary tract. For this study, one of the radiographic contrast media is injected intravenously. Following the injection, the radiographer uses films to serially demonstrate the state of the patient's kidneys, ureters, and urinary bladder. The radiographic study that aims at visualizing the collecting system of the urinary system is called retrograde pyelography [1]. Intravenous urography and voiding cystourethrography are the imaging modalities used for assessing the function of the urinary system; the images produced are intravenous urogram and voiding cystourethrogram, respectively. Abdominal ultrasound scan is useful in the evaluation of the structure of the urinary system. In hydronephrosis,

there are dilatation and distension of the renal collecting system; these changes may affect one or both kidneys [2].

The obstruction to outflow of urine occurs distal to the renal pelvis and so may occur at the level of the ureter(s), urinary bladder, or urethra. A patient with hydronephrosis may also have hydroureters [2].

Hydroureters

2. D. In a 30-year-old primigravida with a 7 cm postero-fundal leiomyoma at 23 weeks cyesis, she is unlikely to develop chronic constipation as a direct complication of hydroureter(s). Constipation would be a pressure effect of the leiomyoma (fibroid). Urinary tract infection is a common complication of hydroureter(s). Ultrasonography, when performed routinely before birth, is a useful investigation for the identification of prenatal hydronephrosis; this condition is the most common congenital anomaly detected by this imaging modality [3]. Patients who present to the hospital with both ureteral dilatation and hydronephrosis prenatally have an increased risk of developing urinary tract infections, and this justifies continuous antibiotic prophylaxis. In patients with hydroureter, there is distention of the ureter; this arises from an obstruction in the urinary tract. Causes are urolithiasis or other obstructive uropathies. The patient may be a child because hydroureter may be congenital [3]. Pyelonephritis is another complication. Post-obstructive diuresis results from relief of the obstruction to the ureter(s) that have developed hydroureters [4].

Ureteric Calculi

3. C. Uric acid stones are frequently identified in patients who have episodes of hematuria and joint pains, the latter being a presentation of gout from deposition of uric acid crystals in some joints in hyperuricemia. Magnesium ammonium phosphate is the constituent of struvite stones. In urinary tract infection, bacterial ammonia forms crystals with magnesium and phosphate in urine. In patients with urinary tract infections, urease-forming organisms form struvite and triple phosphate renal calculi. These stones can aggregate rapidly, and they consequently fill the renal collecting system, with resultant obstruction, chronic pyelonephritis, and eventually renal failure [5].

In patients with cystinuria, there is an impairment in proximal renal tubular reabsorption of cystine. Cystinuria is an inheritable, autosomal recessive genetic defect that also affects ornithine, lysine, and arginine [6]. Cystine is the only amino

SUBJECT INDEX

A

Abdominal pain 12, 14, 15, 16, 20, 21, 98, 104, 107, 109, 112, 113, 114, 181, 199, 216, 217, 219
  acute 181
  diffuse 109
  generalized 14
  intractable 15, 107
  lower 104, 199
  upper 12, 104, 107, 114
Abdominal surgery 20, 103, 106, 113
  major 103
Abdominal trauma 81, 221
Abdominal ultrasonography 17, 67, 197, 214
Absorbable suture 3, 89, 90, 91
Acute appendicitis 16, 17, 18, 104, 108, 109, 110, 217
  complicated 110
  features of 16, 17
Acute otitis media 48, 60, 61, 166, 184, 185, 186
Acute urinary retention 67, 70, 197, 200, 202, 203, 205, 206, 207
Adnexal masses 79, 217
Airway management 74, 208
Airway tumors 49, 63, 167, 188
Allergic rhinitis 52, 170, 171
Alligator forceps 54, 173
Amebic liver abscess 1, 16, 87, 108
Anal fissure 1, 23, 87, 104, 117
Anal sphincter 23, 24, 118
  internal 23, 24, 118
Anesthetic agents 25, 102, 121, 125, 206, 221
  local 121, 206, 221
  longer-acting local 125
  short-acting 25
  short-acting local 125
Angle-closure glaucoma 37, 38, 47, 144, 159
  acute 37, 38, 144, 159
Anterior chamber 37, 137, 142, 145
Anterior column syndrome 85, 231
Antibiotic sensitivities 53, 177
Antibiotic therapy 18, 24, 49, 56, 110, 118, 123, 167, 177, 185
  empirical 49, 167
  intravenous 18, 110
Appendix abscess 17, 110
Appendix mass 17, 110
Aqueous humor 94, 137, 142, 145
Artery forceps 53, 54, 172, 173
Atrial fibrillation 64, 189
Atrophie blanche 25, 120
Aural foreign bodies 48, 59, 166, 181
Autonomic dysreflexia 85, 231

B

Bacterial conjunctivitis 30, 40, 41, 134, 149, 150
  acute 40, 41, 149
  secondary 41, 149
Bacterial overgrowth 79, 217
Bariatric surgery 66, 67, 77, 196, 197, 213, 220
Benign prostatic hyperplasia 66, 67, 69, 111, 196, 197, 200, 201, 202, 203
Bile salts 105, 107
Bladder calculi 67, 68, 197, 199
Bladder outflow obstruction 202, 203
Bleeding disorders 175, 211
Blood bank 5, 92
Blood pressure 6, 54, 55, 62, 81, 92, 93, 94, 127, 155, 157, 174, 187, 220, 221, 225
  arterial 225
  elevated 6, 127, 174
  high 225
  indicated low 94
  normal 81, 221
  raised 157, 174
Blood supply 18, 22, 30, 110, 115, 116, 134, 139, 140, 212
  good 22, 116

Inyang Ukot
All rights reserved-© 2026 Bentham Science Publishers

Blood transfusion 1, 5, 11, 87, 92, 93, 95, 102, 174
complications of 5, 92, 93
Bony orbit 30, 31, 134, 135, 138
Bowel obstruction 7, 22, 77, 114, 115, 116, 126, 213
complicated small 115
small 22, 77, 114, 115, 116, 213
strangulated small 7
Brain abscess 60, 84, 185, 228
Brain injury 82, 83, 223, 224, 225
high-velocity penetrating 224
initial management of traumatic 82, 224
moderate traumatic 225
post-traumatic 225
severe traumatic 83, 224, 225
Brain metastases 67, 84, 197, 228
mimic 228
Brain tumors 67, 80, 82, 84, 145, 197, 219, 222, 226, 227, 228
high-grade 227
pediatric 80
Breast augmentation 66, 67, 76, 196, 197, 211
Breast cancer 9, 84, 98
Breast lumps 1, 7, 8, 87, 96, 97
identifying 8, 97
Breast self-examination 8, 97
Bulbar conjunctiva 33, 137, 152, 153
nasal 153
Burn injuries 74, 208
thermal 74, 208

C

Cancrum oris 43, 67, 75, 152, 197, 210
Capillary refill time 25, 94, 120
Carbon monoxide poisoning 74, 208
Cardiac tamponade 7, 27, 95, 126
Carotid artery 35, 84, 139, 226, 227
appropriate internal 227
external 35, 139
internal 35, 139
Cataract extraction 45, 143, 154, 155
extracapsular 45, 154
Cervical lymphadenopathy 49, 176
posterior 176
tender anterior 49
Chest tube insertion 2, 27, 88, 125
Chin lift 81, 220
Chronic blepharitis 149, 151
Chronic rhinitis 48, 52, 53, 166, 171, 172
Chronic urinary retention 67, 70, 71, 73, 197, 203, 204, 207, 218
Ciliary body 33, 35, 36, 136, 140, 141, 142, 143
Cochlear implants 64, 190
Collagen synthesis 2, 88
Colonic obstruction 22, 115, 116
partial 115
Colorectal carcinoma 1, 24, 87, 116, 118, 119
advanced 118
Composite grafts 76, 211
Compression bandage 25, 120
graduated 120
Computed tomography 17, 21, 80, 110, 115, 126, 127, 190, 199, 218, 225, 227
Congenital megacolon 67, 78, 197, 215
Contact lenses 146, 147, 148, 154
customized 147
wear 146
Continuous suture 4, 91
simple 4, 91
Corneal pannus 40, 149
Corneal scars 39, 145, 147, 149, 150
Corneal ulcers 31, 38, 39, 43, 134, 147, 148, 152
Cranial nerve 34, 36, 138, 139, 141, 142
Cribriform plate 170, 221
Cystic hygroma 1, 7, 87, 96

D

Delayed gastric emptying 14, 106
Delayed hematomas 83, 225
Dendritic cells 88, 167
Dentate line 23, 117
Detrusor hyperactivity 71, 203
Diabetes mellitus 45, 55, 75, 116, 120, 123, 151, 154, 155, 157, 199, 203, 210
uncontrolled 75, 210
Direct laryngoscopy 49, 58, 62, 167, 180, 187
Disseminated intravascular coagulation 5, 92
Double bubble sign 79, 216
Duodenal atresia 67, 79, 197, 216
features of 216

Duodenal ulcer 1, 14, 15, 87, 106, 107
long-standing 15, 106

E

Ear canal 51, 59, 60, 169, 180, 181, 182
external 59, 60, 180
normal 169
Ear discharge 50, 61, 182, 183
right-sided 50
Ear syringing 48, 59, 60, 166, 182, 183
Emergency laparotomy 4, 91
Endotracheal intubation 49, 62, 63, 75, 167, 187, 208, 209, 221
Epigastric pain 16, 106, 109
episodic 106
Esophageal atresia 78, 215
Esophageal detector devices 63, 188
Eustachian tube 167, 171, 185
blocked 185
Extracellular fluid 6, 22, 93, 94, 95, 115
significant 6, 93
Extraocular muscles 30, 32, 35, 134, 135, 136, 139, 140, 141, 142, 143
multiple 141
Eye discharge 40, 41, 148, 149, 151
muco-purulent 148
stringy 148
stringy whitish 40
Eye examination 30, 37, 134, 144

F

Facial nerve palsy 42, 151, 152
Fascial defect 111, 113
large 111
Femoral hernias 19, 111, 112, 113
Foley catheter 72, 206, 207
Foreign bodies 42, 48, 53, 54, 59, 149, 166, 169, 172, 173, 174, 180, 181, 182, 200
aural 59
disintegrated vegetable 59, 182
nasal 48, 53, 166, 172
selected aural 180
unnoticed 54, 174
Fovea centralis 33, 136, 137, 155
Frothy sputum 58, 180

G

Gall bladder 105, 107
distended 107
Gastric outlet obstruction 14, 15, 106, 214
progressive 214
Gastric ulcer 1, 14, 15, 87, 106
long-standing 14
Gastroesophageal reflux disease 1, 13, 78, 79, 87, 105, 108, 215, 216, 220
Gastrointestinal tract 93, 104, 105, 199
lower 93
Glans penis 124, 222
Glasgow Coma Scale 67, 81, 82, 197, 222, 225
Gram-negative bacteria 95, 225

H

Head injury 67, 82, 83, 102, 197, 223, 225
closed 223
Hearing loss 49, 64, 167, 189
Heart failure 64, 109, 126, 189
Hemorrhagic stroke 83, 226
Hernial sac 19, 110, 214
narrow-necked 19
Hiatal hernia 13, 215
esophageal 13
Human immunodeficiency virus 92, 176
Hypertensive encephalopathy 54, 173
Hypovolemic shock 6, 7, 94, 95
hemorrhagic 95
severe 6

I

Ileocecal valve 23, 116
Impacted wax 48, 59, 166, 180, 181, 182, 183
Incision and drainage 2, 26, 88, 118, 122
Infectious mononucleosis 176, 177
Inferior turbinate 52, 170, 171
enlarged 171
Inguinal canal 4, 19, 20, 90, 112, 113
opened 113
Inguinal hernias 18, 19, 20, 69, 77, 110, 111, 112, 113, 204, 213
congenital indirect 19
direct 18, 19, 77, 111, 112

indirect 19, 112, 113, 204, 213
strangulated 213
Intestinal obstruction 1, 21, 22, 23, 87, 93, 114, 115, 116, 216
classifying 114
features of 22, 115
lower 21, 115
small 116
Intraocular pressure 45, 143, 144, 156, 157
patient's 144
raised 45, 157
Intravenous fluids 1, 5, 6, 87, 92
Iodine deficiency 96, 97
Iron-deficiency anemia 118, 172

J

Jaw thrust 81, 220

L

Lacrimal apparatus 30, 34, 43, 134, 138
Lacrimal glands 33, 34, 137, 138, 142, 147, 149
Lateral partial internal sphincterotomy 23, 117
Leg ulcers 1, 24, 25, 87, 119, 120
chronic 25, 119, 120
chronic venous 25
venous 25, 119
Levator palpebrae superioris 32, 136, 141
Light reflex 34, 139, 184
pupillary 34, 139
Liver abscess 84, 108, 228
Liver biopsy 2, 28, 88, 127
percutaneous 28, 127
Liver cirrhosis 126, 127, 174
Local anesthetics 143, 221
Lumbar puncture 6, 93
Lung cancer 84, 228
Lymph nodes 8, 98, 99, 119, 126, 127, 228
axillary 98
firm axillary 8, 98
regional 228
rounded 127
Lymphatic drainage 30, 36, 98, 134, 142
Lymphatic vessels 36, 142
traditional 142

M

Macular degeneration 155, 159
age-related 159
Mandibular fractures 49, 62, 167, 187
Maxillary sinusitis 51, 55, 170, 175, 176
acute 175
odontogenic 175
right 170
Meibomian cysts 30, 43, 134, 137, 144, 148, 151
large 144
Mesenteric lymphadenitis 78, 216
Metabolic alkalosis 6, 214
correct 6
Metal bougies 73, 207
replaced 73
Metastatic deposits 28, 126, 228
focal 28, 126
Middle ear 61, 170, 182, 183, 184, 185, 186
infected 182
Middle ear effusions 57, 179, 180
Missile injuries 67, 82, 197, 224
Mucous membranes 52, 93, 170, 172, 176
nasal 52, 170
Muscle relaxants 62, 103, 187
Muscle spasticity 85, 231

N

Nasal cavity 50, 138, 149, 169, 170, 172, 173, 179
left 50
right 50, 169
Nasal discharge 50, 51, 53, 169, 170, 171, 172, 173, 175
bilateral purulent 53, 173
left 50
purulent 175
unilateral 51, 170, 173
Nasal mucosa 51, 52, 170, 171, 172
crusted 52, 171
Nasal obstruction 57, 179
Nasal polyps 48, 52, 54, 166, 171, 173, 175
Nasal septum 50, 51, 168, 170, 173
deviated 168
Nasal speculum 51, 58, 179

Nasogastric intubation 22, 115
Nasolacrimal duct 34, 138
Neural tube defects 228, 229
  closed 229
Non-absorbable sutures 3, 90
Normal saline 5, 6, 74, 92, 93, 122, 182, 208
Nylon suture 4, 90

O

Obstructive sleep apnea 49, 64, 167, 178, 188, 189, 220
  untreated obstructive 189
Obstructive uropathies 111, 198
Occipital neuralgia 82, 223
Open-angle glaucoma 46, 47, 141, 143, 144, 156, 159
  chronic 141, 143
Ophthalmia neonatorum 30, 42, 134, 150
Optic atrophy 31, 38, 46, 47, 134, 158
Optic disc 136, 139, 145, 157
Optic nerve 30, 34, 35, 36, 37, 134, 138, 139, 140, 141, 142, 143, 155, 156, 158
Optic nerve glioma 158, 226
Optic neuritis 31, 38, 39, 46, 134, 144, 157, 158
Optic neuropathies 141, 158
  anterior ischemic 158
  congenital 158
Oral clefts 66, 67, 75, 196, 197, 209, 210
Otitis externa 48, 51, 60, 166, 168, 169, 182, 183
  acute 51, 169
  localized 183
  severe 183
Otitis media 48, 58, 60, 61, 166, 168, 179, 180, 184, 185, 186
  chronic 48, 61, 185, 186
  chronic suppurative 61, 186
  complication of acute 60, 185
  frequent 58, 180
  recurrent acute 179
  resolved acute 61, 185
Ovarian cysts 79, 217
  benign 217

P

Pain management 74, 208, 209
  severe 209
Paracentesis abdominis 2, 27, 88, 126
Paradoxical pulse 7, 95
Peritoneal carcinomatosis 27, 126
Peritoneal cavity 16, 19, 108, 115
Peritonsillar abscess 48, 56, 57, 166, 167, 178
  right 57
  treatment of 57, 178
Pinch skin grafting 25, 121
Pituitary adenoma 158, 226
Platelet count 27, 126
Pleural cavity 16, 126
Pleural effusion 27, 95, 125
  large 27, 125
Polyglycolic acid suture 3, 4, 9, 90, 91, 99
Post-obstructive diuresis 67, 198, 202, 203
Posterior urethral valves 67, 79, 197, 217, 218
Postnasal drip 51, 170
Postoperative complications 1, 11, 87, 102, 154
  early 154
  late 154
Pre-operative care 1, 11, 87, 102
Pressure injury 229, 231
Primary intention 26, 122
Prostate gland 66, 70, 196, 200, 201, 202, 203
Pulmonary edema 83, 180, 225
  acute 180
Purulent labyrinthitis 49, 62, 167, 186
  feature of 62, 186
Pyloric stenosis 67, 78, 197, 214
  hypertrophic 214
  infantile hypertrophic 67, 78, 197, 214

R

Radical prostatectomy 70, 202
Rectal examination 22, 116, 201, 203, 215
  digital 203
Reduction mammoplasty 66, 67, 76, 196, 197, 212
Refractive errors 30, 38, 39, 134, 145, 146, 157, 159

common 146
Retinal detachment 45, 47, 145, 156, 159
Rheumatic fever 167, 177
acute 167
Right lower quadrant 16, 17, 78, 109, 217

S

Sciatic hernia 19, 112
Secondary intention 26, 122, 123
healing by 26, 122
Secretory otitis media 48, 61, 166, 179, 185
Sensorineural deafness 60, 158
bilateral 158
Serum-ascitic albumin gradient 27, 126
Severe burns 74, 93, 95, 208, 209
Simple mechanical obstruction 21, 22, 114, 115
Skin grafting 66, 67, 75, 76, 121, 196, 197, 210, 211
split-thickness 121
Spermatic cord 101, 113
Spigelian hernia 19, 20, 111, 112
identifying 20
Spina bifida 84, 228, 229
Spinal cord 85, 218, 228, 229, 230, 231
acute 85, 229
suspected 229
Squamous cell carcinoma 14, 68, 75, 84, 200, 210, 228
classic 68, 200
Steam inhalation 55, 58, 175, 180
Stump appendicitis 18, 110
Suprapubic cystostomy 66, 67, 73, 196, 197, 200, 205, 206, 207
Suture materials 1, 3, 87, 89, 91
Suture removal 26, 122
Systemic lupus erythematosus 147, 157

T

Tarsal conjunctiva 43, 144
upper 144
Thermal burn 67, 74, 197, 208
severe 208
Third-degree burn 73, 75, 207, 209
Traumatic brain injury 67, 82, 83, 197, 223, 224, 225
Trigeminal neuralgia 49, 61, 142, 167, 186
Tumor biopsy 2, 28, 88, 127
Tunica vaginalis 10, 101
Tympanic membrane 51, 59, 60, 61, 168, 169, 182, 183, 184, 185, 186
erythematous 184
patient's 185
perforated 59, 60, 182, 183
Tympanic membrane perforation 61, 182
permanent 61

U

Ultrasound scanning 8, 69, 71, 97, 107, 115, 199, 203, 214
Ultraviolet radiation 44, 152, 153, 154
Umbilical hernia 19, 67, 77, 111, 112, 197, 214
congenital 19, 111
Ureteric calculi 12, 66, 67, 68, 104, 196, 197, 198
Urethral caruncle 66, 67, 72, 196, 197, 205
Urethral catheterization 66, 67, 70, 72, 73, 196, 197, 202, 203, 205, 206, 207
long-term 203
repeated 206
Urethral polyps 67, 72, 197, 205
fibroepithelial 72, 205
prostatic type 72, 205
Urinary bladder 66, 196, 197, 198, 199, 200
Urinary incontinence 67, 71, 98, 197, 203, 204, 218
mixed 204
overflow 204
Urinary retention 98, 143, 202
developing acute 202
nonobstructive functional 143
Urinary tract infection 67, 73, 79, 198, 199, 206, 218
risk of 73, 206
Urine drainage bag 72, 202, 206, 207
Uveal tract 30, 134

V

Vas deferens 20, 113
Vascular malformations 83, 226
Velopharyngeal insufficiency 58, 180
Venous ulcers 25, 120, 121
  mainstay of treatment of 25, 120
  pinch skin grafting for chronic 25, 121
Ventral hernias 18, 110, 112, 213
  uncommon 112
Vernal keratoconjunctivitis 30, 42, 134, 151
Vertebral column 9, 98
Viral conjunctivitis 30, 40, 134, 148, 149
Visual acuity 38, 40, 44, 141, 145, 147, 148, 153, 154, 155
  reduced 147
  worse 141
Visual cortex 34, 138
  primary 34, 138
  right primary 138
Vitreous hemorrhage 38, 144, 156
Voiding cystourethrogram 67, 79, 197, 205, 218
Vortex veins 35, 140, 141
  inferior 140

W

Weight loss 14, 24, 99, 106, 119, 215, 218
  unplanned 119
Wound care 1, 2, 87, 88
  standard 2
Wound dehiscence 11, 103, 222
Wound dressing 2, 5, 89, 92
Wound healing 1, 2, 87, 88, 89, 122, 208
  primary 88
Wound infection 3, 11, 18, 103, 110, 213, 222
Wound management 74, 122, 208, 211
  thermal burn 74

Z

Zygomatic bone 31, 135



Inyang Ukot

Dr Inyang Ukot is an alumnus of College of Medicine of the University of Lagos, Nigeria (1981). He holds two Fellowships in Family Medicine from the National Postgraduate Medical College of Nigeria (1991) and the West African College of Physicians (1995). He also holds a Diploma in Occupational Medicine from the Royal College of Physicians of London (2005). His recent Bentham Science publications that are similar are:

- Ukot's Back to Basics MCQs: Obstetrics and Gynecology
- Ukot's Back to Basics MCQs: Pharmacology and Therapeutics, Parasitology, and Internal Medicine
- Ukot's Back to Basics MCQs: Mental Health, General Pediatrics, and Family Medicine

ISBN 979-8-89881-904-0