

# Surgery NBME Form 3 Exam Questions and Answers

57 yo - 3 months of cough

> last 4 wks - cough inc in freq

> blood-tinged sputum once

no PMHx; no meds

SHx: smoked 1 pack cigs qd for 40 yrs

BMI: 26

PE: coarse rhonchi - R.lung base

CXR: 3 cm mass near hilum of R.lung

biopsy: non-small cell CA of R.main stem bronchus

mediastinoscopy and PET scan: no mets

pre-op testing:

> FEV1 - 600 mL

> max voluntary vent (MVV) and DLCO - both 50% of predicted

> PCO2 - 44 mmHg

> PO2 - 75 mmHg

what parameter is most useful in assessing this pt's post-op risk for pneumonectomy? - Answers -FEV1

operability of lung cancer - predicted on residual fxn after resection

"minimum of FEV1 800 mL is required"

determine fractions that comes from each lung (by VQ scan) - what would remain after pneumonectomy?

> if < 800 mL - don't cont expensive tests bc pt not surg candidate

tx: chemo and radiation

you also need to check for mets bc hilar ones can be removed w/ pneumonectomy

> nodal mets at carina or mediastinum can't

dx: CT and PET; endobronchial US - invasive to sample mediastinal nodes

26 yo - worsening, int abd cramps

PMHx of int diarrhea + 11 lb weight loss

PE: mod gen abd tenderness, hyperactive bowel sounds, and no involuntary guarding; tenderness + mass in RLQ

barium enema shown

most likely dx? - Answers -Crohn disease

unpredictable flares and remissions

"hallmark location: terminal ileum"

transmural thickening and inf (full-thickness involvement) > narrowing of lumen

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**SA Adler**



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