THE COLLEGES OF MEDICINE OF SOUTH AFRICA

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Examination for the Subspecialty Certificate in Gastroenterology of the College of Surgeons of South Africa

2 March 2018

1 Paper Only (3 hours)

Each question to be answered in a separate book (or books if more than one is required for the one answer)

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1 **Please note Question 1 is compulsory**

a) Write short notes on the definition, the major biochemical and clinical manifestations and management of refeeding syndrome. (30)

b) Write short notes on the definition, aetiology and investigation of obscure gastrointestinal bleeding. (38)

c) What key performance indicators (KPI) are currently recommend as surrogate performance indicators of colonoscopy and how would you measure these in daily practice? (16)

d) Write short notes on screening and surveillance of patients with Familial Adenomatous Polyposis who have had a colectomy and ileo-rectal anastomosis. (16)

[100]

Please answer either Question 2A or 2B

2 A With reference to chronic pancreatitis

a) Briefly discuss the pathophysiology of pain in this condition. (20)

b) Describe the methods and criteria for the early diagnosis. (15)

c) Discuss the role of endoscopic management with respect to pain and complications in chronic pancreatitis. (30)

d) Briefly discuss the appropriate indication for the range of operations described for pain. (30)

e) Describe risk factors for the development of a post-operative pancreatic fistula after a pancreatico-duodenectomy. (5)

[100]

B A patient requires a screening colonoscopy having been found to have 3 consecutively positive faecal occult blood tests. You are asked to do the endoscopy

a) What are the matrices defining the quality for your colonoscopy and how would you record them? (30)

b) At this endoscopy you find a sessile polyp, which you assess to be approximately 2 centimeters in size. List the aspects of presentation and local morphology you could use to determine whether you could resect the lesion endoscopically and provide a *brief* rational for each consideration on your list. (30)

c) Briefly describe at endoscopy how you could prepare for follow up and how you could minimise the risk of complications from the resection. (10)

d) Innumerate the complications of colonoscopy and note when the complications are likely to occur. (30)

[100]

PTO/Page 2 Question 3…

Please answer either Question 3A or 3B

3 A Regarding intra-ductal papillary mucinous neoplasm (IPMN) of the pancreas

a) Describe the three subtypes of IPMN and the imaging criteria for making the diagnosis of each subtype. (15)

b) Clarify the concepts of "worrisome features" and "high-risk stigmata" of IPMN on imaging and their clinical implications. (30)

c) Discuss the role of cyst fluid analysis and cytology in the management of IPMN. (25)

d) Discuss the IPMN histological subtypes with specific reference to the risk for and characteristics of malignant transformation in each subtype. (20)

e) Discuss briefly the role of adjuvant chemotherapy in a patient with a R0 resected IPMN where histology showed malignant transformation. (10)

[100]

B With reference to inflammatory bowel disease, discuss the following

a) Indications for surgery in ulcerative colitis. (30)

b) Various strategies for the management of a stricture in Crohn's disease. (30)

c) Pouch specific complications of IPAA (Ileal Pouch Anal Anastomosis). (40)

[100]

Please answer either Question 4A or 4B

4 A a) Describe the normal portal venous system including the potential sites of portosystematic shunting. Define portal hypertension. (20)

b) Discuss the modalities available to manage acute bleeding from oesophageal varices. (20)

c) Discuss the modalities available to manage bleeding gastric varices. (30)

d) Discuss prophylaxis for variceal bleeding in portal hypertension in cirrhotics. (30)

[100]

B A 38-year-old is referred to you by her gynaecological oncologist 2 years after a hysterectomy and radiotherapy for a carcinoma cervix. The patient gives a 3-week history of bright red rectal bleeding and has a haemoglobin of 8g/Dl

a) On endoscopy, you identify a 3 x 2 cm area of altered mucosa on the anterior wall of the rectum 3 cm above the anal canal. The bleeding is coming from multiple telangiectasia. You take a biopsy. What are the possible confounding diagnoses and how can these be excluded

i) What are the histological characteristics that would suggest radiation as the cause? (15)

ii) Discuss the options and techniques for management of this patient. (20)

b) Your management of the bleeding is successful. However the patient is referred back to you 2 years later with a complaint of the passage of flatus and a copious brown discharge from the vagina. Describe how you would investigate this patient. (20)

c) Write notes on the surgical options you would consider for this patient. (45)

[100]