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

27 July 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) Discuss in detail your approach and management of patients on anticoagulation and/or antiplatelet agents who need to undergo diagnostic or therapeutic endoscopy (40)

b) Describe the methods of Endoscopic Mucosal Resection (EMR) and Endoscopic Submucosal Dissection (ESD) in patients with dysplastic lesions of the oesophagus, stomach and colon. Discuss the advantages and disadvantages of EMR and ESD. (30)

c) Discuss the principles of management of colon and rectal cancer with isolated liver metastases. (30)

[100]

Answer either A or B of question 2

2 A A 60-year-old patient presents with obstructive jaundice due to a mass in the uncinate process of the head of the pancreas. The mass is 2.5cm in diameter and is in very close proximity to the superior mesenteric vein on imaging

a) What does the term borderline resectable pancreatic cancer (BR-PDAC) mean and how is it defined? (10)

b) How would you determine if a patient has BR-PDAC? (15)

c) This patient has a BR-PDAC due to short segment SMV abutment, discuss your management approach to this patient

i) Pre-operatively. (25)

ii) Intra-operatively (including what surgical techniques you may employ). (25)

iii) Post-operatively. (15)

d) Discuss the concept of a biological marker and the role of the specific biomarker CA19.9 in PDAC. (10)

[100]

2 B A 67-year-old male is referred to you with a histologically adenocarcinoma of the rectum. On questioning, he has had no issues with continence in the past and has had no prior anal surgery. It is reported on CAT scan to be a stage 3 A tumour. You would like to do an MRI on the patient's pelvis but at your local Colorectal Cancer MDT there has been some uncertainty regarding the requirements for an optimal study and you are asked to give them some advice

a) What is the optimal method of pelvic MRI assessment? (10)
b) What is the optimal data set you expect to be reported in this investigation? (15)

You eventually get an optimal MRI and report which defines the radiological stage to be a T3 N2a lesion. There were no distal metastases on the CAT scan of the patient's chest and abdomen. There is a single lymph node which is thought to be malignant 1 millimetre from the proposed mesorectal plain of dissection. You discuss chemo-radiotherapy at the MDT.

c) How would you choose whether to give short or long course radiotherapy for this patient? (15)

In the absence of a radio oncologist, the team poorly understand the differences between long and short course therapy nor do they fully appreciate the reasoning behind the choices of long course chemo-radiotherapy vs short course radiation discussed. The team turn to you for an understanding of these modalities and how they relate to the patients subsequent surgery. To this end

d) Describe these two radio-oncological applications. (30)
e) Discuss the rationale for their use and illustrate this with the scientific evidence. (30)

[100]

Answer either A or B of question 3

3 A A 58-year-old male with long-standing symptoms of gastro-oesophageal reflux has been self-medicating with over the counter antacids for many years. He presents to you for the first time in the endoscopy room. You perform an upper endoscopy and suspect Barrett's oesophagitis

a) Briefly discuss his further assessment and initial management. (25)
b) Discuss the role of surgical fundoplication in his management. (15)
c) His endoscopic biopsies show LG dysplastic Barrett's oesophagitis. What do you advise him and why? (25)
d) He defaults from clinic visits and returns two years later. At repeat endoscopy, biopsy of a nodular lesion in the distal oesophagus showed a T1a adenocarcinoma. Discuss the options for his further management. (35)

[100]

3 B With regard to intestinal failure

A 52-year-old man is referred to you day 17 after a gunshot to his abdomen. He has had 3 laparotomies and currently has an open abdomen with an entero-atmospheric fistula draining 4.5 L daily

a) Define the 3 types of Intestinal Failure with examples. (15)
b) Discuss your acute management of this patient on admission to the ward and with particular reference to the management of the patient's fistula output. (30)
c) Write brief notes on the factors that you will take into account when deciding the timing of surgery. (30)
d) What are the principles relating to the abdominal closure at the time of fistula closure? List treatment options for the closure giving advantages and disadvantages for each method. (25)

[100]

Answer either A or B of question 4

4 A In relation to gallbladder cancer

a) What are the risk factors for and clinical presentation of gall bladder cancer? (20)
b) Describe the anatomy of the gallbladder relevant to its excision for cancer. (20)
c) A 50-year-old female undergoes elective laparoscopic cholecystectomy for chronic cholecystitis. On histology, a lesion is found in the body of the gallbladder adjacent to the liver bed. The lesion is 1 cm in size and involves the muscle layer of the gall bladder.
    i) How would you evaluate her further? (30)
    ii) What are the further treatment options for her? (30)

[100]

4 B Regarding colorectal polyps:

a) Discuss in detail the histological classification of colorectal polyps. (40)
b) Outline the various surveillance protocols for polyps mentioned above. (25)
c) Discuss the classification of a malignant pedunculated polyp. (15)
d) List the technical and histological features that are considered high risk for local recurrence post-polypectomy. (10)
e) Describe the technique for tattooing colonic lesions. (10)

[100]