



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

28 February 2020



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)

Please use the mark allocation to determine the time spent on a question.

- 1 A 60-year-old male patient presents with a significant upper GI bleed characterised by haematemesis and malaena and shock. They respond to resuscitation and blood transfusion. An upper endoscopy done by an experienced surgeon reveals no obvious source of bleeding in the oesophagus, stomach and first second and third parts of the duodenum. The patient states that they had a similar episode one year previously and that despite an upper endoscopy and colonoscopy nothing was found. The patient has no comorbidities.
- a) Define the problem and list the possible sources of this GIT bleed. (20)
 - b) Discuss your investigations and further management of possible causes. (30)

Regarding Gastrointestinal Stromal Tumours

- c) Describe the origin of GIST tumours and what histological and other tests confirm a GIST. (10)
 - b) Discuss where in the Gastrointestinal Tract GISTS may present, their mode of presentation and what factors influence their behaviour. (10)
 - e) Discuss the principles of resecting primary GIST lesions with no evidence of distant spread. (15)
 - f) Discuss the indications for and duration of adjuvant therapy for resected GIST. (15)
- [100]

Answer either Section A or Section B

Section A:

- 2 Regarding inflammatory bowel disease
- a) Define an acute severe colitis and discuss the implications of this diagnosis. (15)
 - b) List a differential diagnosis for acute severe colitis. (15)
 - c) Discuss the workup and medical treatment of a patient known with UC presenting with acute severe colitis. (35)
 - d) Discuss the surgical management of acute severe colitis refractory to medical therapy. (25)
- [100]

- 3 a) Discuss the genetics of Familial Adenomatous Polyposis (FAP); focusing on relevant genetic abnormalities, inheritance patterns and extracolonic manifestations. (30)
- b) Write short notes on cancer screening in individuals with FAP and at-risk family members. (30)
- c) A 35-year-old male with attenuated FAP is referred to you with 4 large colonic polyps (ranging in size from 1 to 2cm) seen on colonoscopy. Invasive adenocarcinoma is present on a biopsy of one of the polyps. Discuss management options in this patient, focusing on oncologic and procedural risk. (40)
- [100]
- 4 a) Describe the difference in clinical presentation between circumferential anal mucosal prolapse and full thickness rectal prolapse. (10)
- b) Compare and contrast abdominal versus perineal repairs of external rectal prolapse. Include a discussion of both complications and failure rates. (40)
- c) Give a step by step description of how you would perform a laparoscopic ventral mesh rectopexy. (30)
- d) Describe the minimum information needed on a defecogram report if performed for obstructed defecation syndrome. (20)
- [100]

Section B:

- 5 a) Give a practical classification of cystic lesion of the pancreas. (20)
- b) Discuss the role of serum and cyst fluid analysis in the assessment of cystic lesions of the pancreas. (40)
- c) Discuss briefly the indications for surgery in patients with MCN and IPMN and your approach to determining the extent of resections. (40)
- [100]
- 6 a) Tabulate the differential diagnosis of an incidentally discovered hypervascular lesion on contrasted Abdominal Computed Tomography. (10)
- b) Describe how Magnetic Resonance Imaging may be used to distinguish between a hepatocellular adenoma and focal nodular hyperplasia. (10)
- c) Write short notes on the sub-classification of hepatocellular adenomas and how they may be differentiated without biopsy. (20)
- d) Critically discuss the management of hepatocellular adenomas under the following circumstances:
- i) Asymptomatic lesions. (30)
- ii) An adenoma presenting with haemorrhage that did or did not require embolisation to stop bleeding. (15)
- iii) An adenoma diagnosed during pregnancy. (15)
- [100]
- 7 With regards to perihilar cholangiocarcinoma
- a) Discuss pre-operative biliary drainage. (30)
- b) Discuss indications for liver transplant, and approach to assessing transplant eligibility. (15)
- c) Discuss and compare techniques to induce, and factors that affect sufficient liver hypertrophy in preparation for an extended liver resection. (25)
- d) Discuss palliative therapies for irresectable non-metastatic cholangiocarcinoma. (30)
- [100]