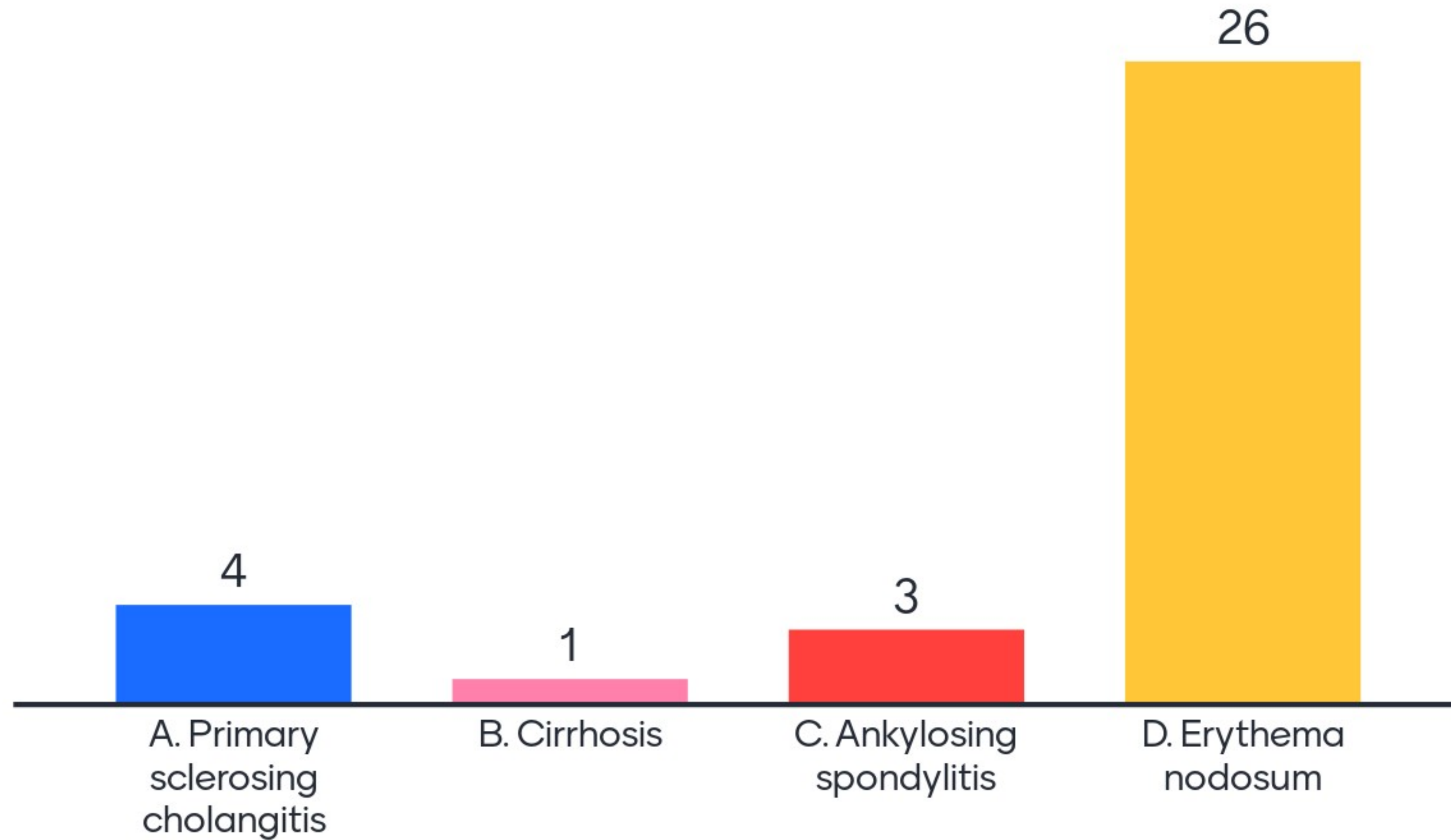
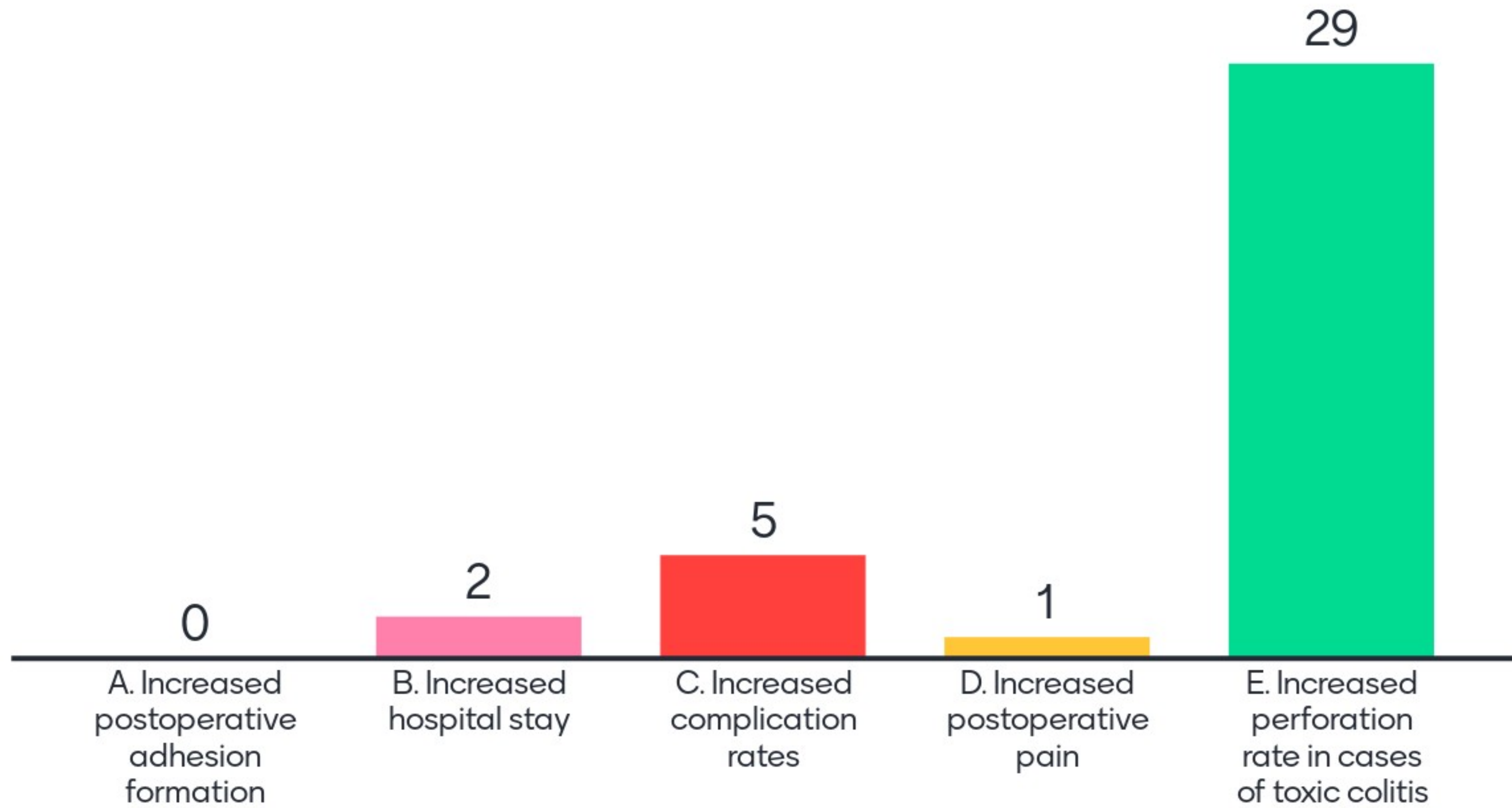


1. A patient with known Crohn disease undergoes ileocolic resection for failure of medical management.

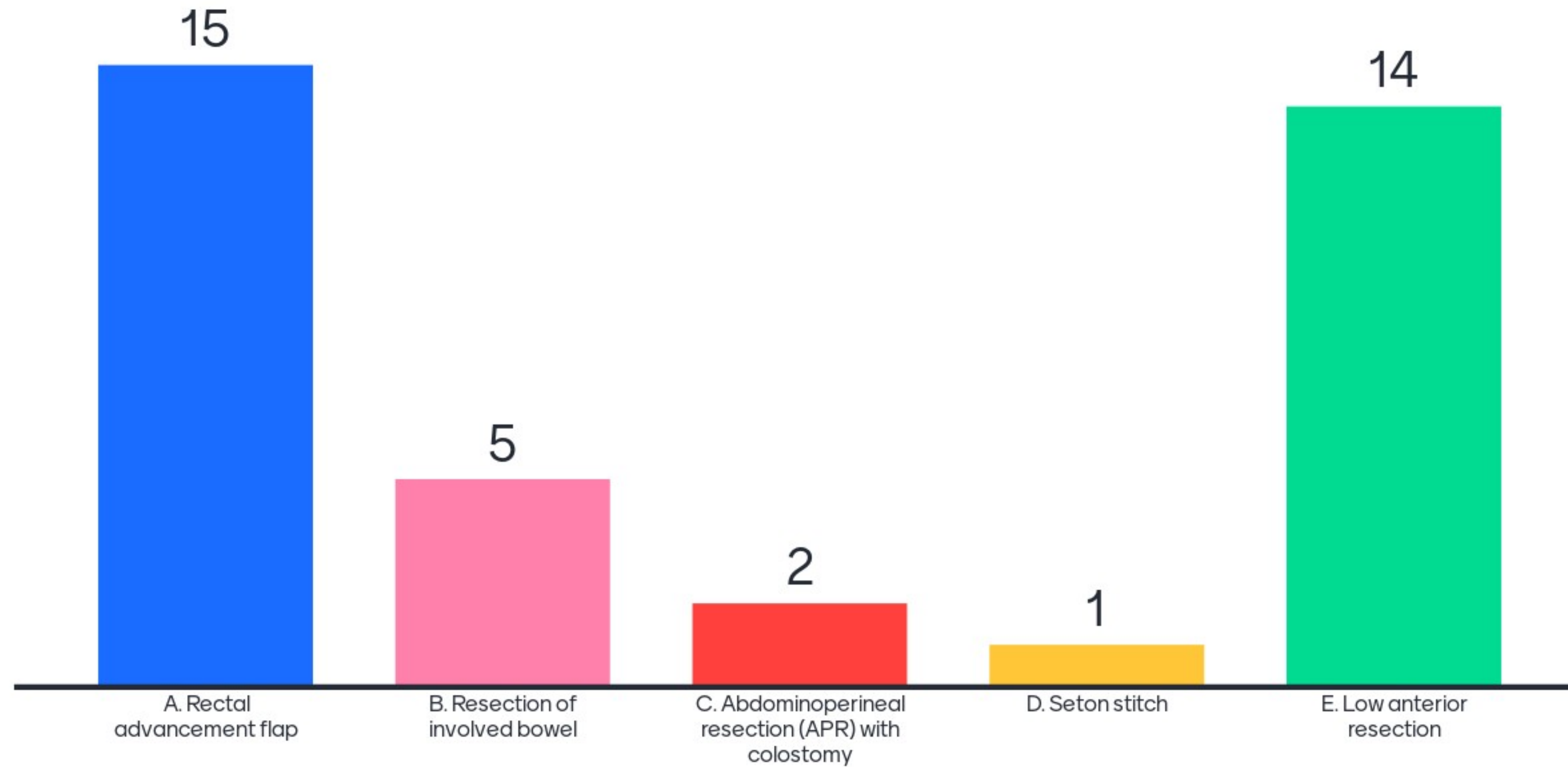


2. You are preparing to take a patient to the OR for a total abdominal colectomy with ileostomy for medically refractory severe-to-fulminant chronic



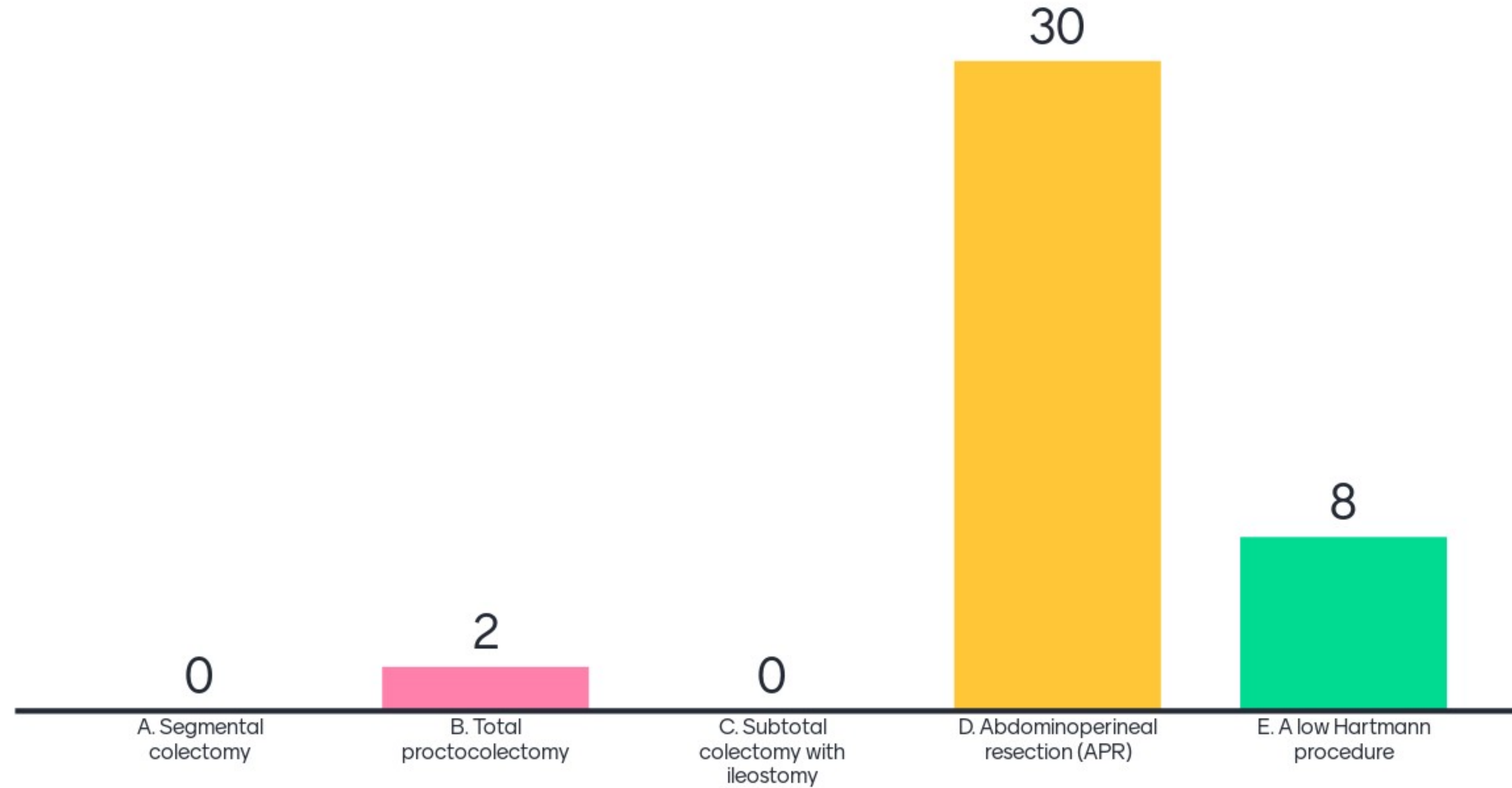
A 32-year old female with long-standing anorectal Crohn's disease and multiple episodes of urinary tract infections now presents with fever, hypotension, and septic shock. Physical exam shows stool in the vaginal vault. Her sepsis is controlled with medical management, and further imaging and examination under anesthesia confirms a low rectovaginal fistula. When her condition permits, which of the following is the best treatment for her condition?

What is the correct answer?

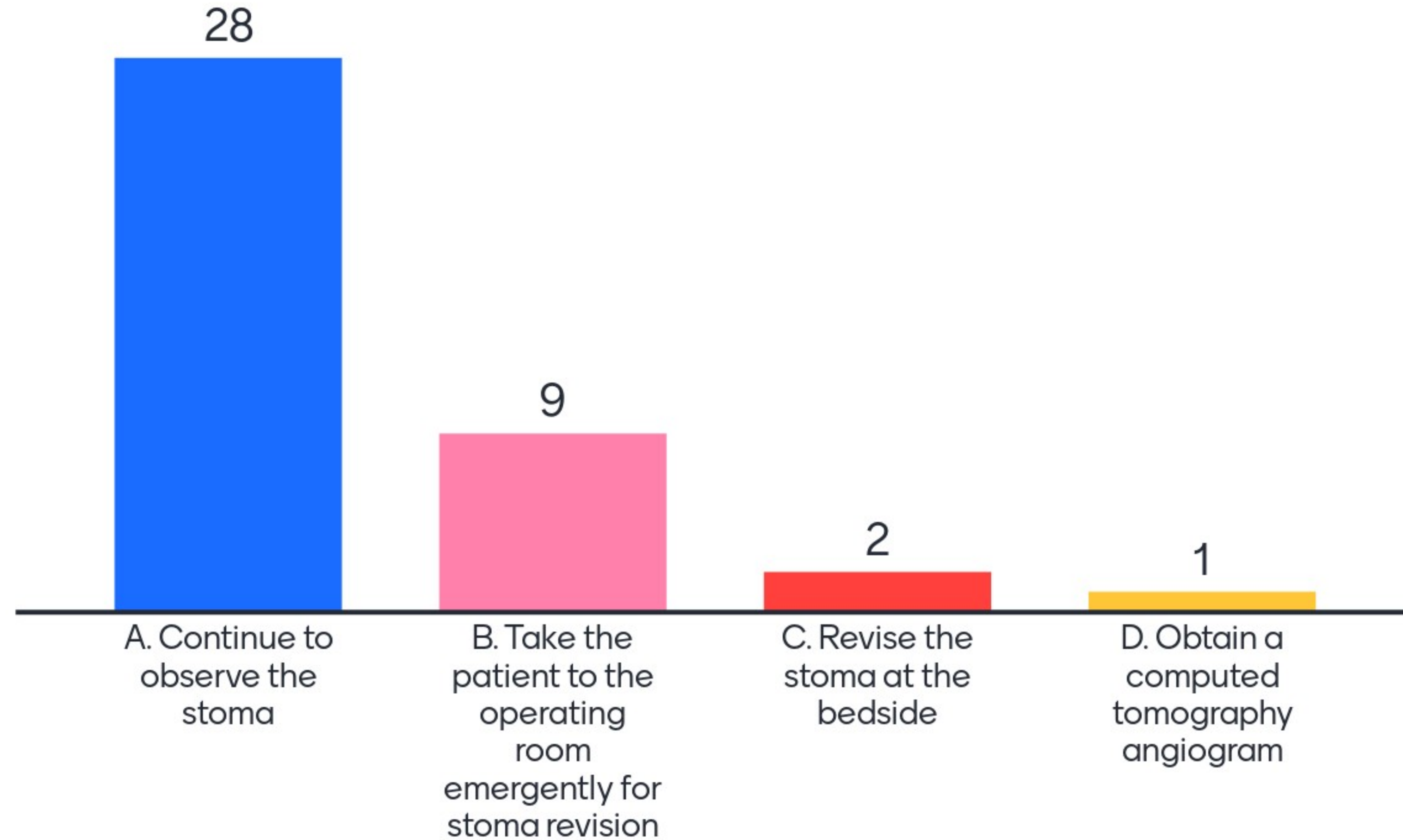


A 36-year old female with a 10-year history of Crohn's disease presents with severe perianal disease that has been difficult to control. The patient has multiple complex perineal fistulas refractory to medical management including Infliximab and seton placement, MRI shows multiple fistulas passing through the sphincter. Which of the following is the optimal procedure for this patient?

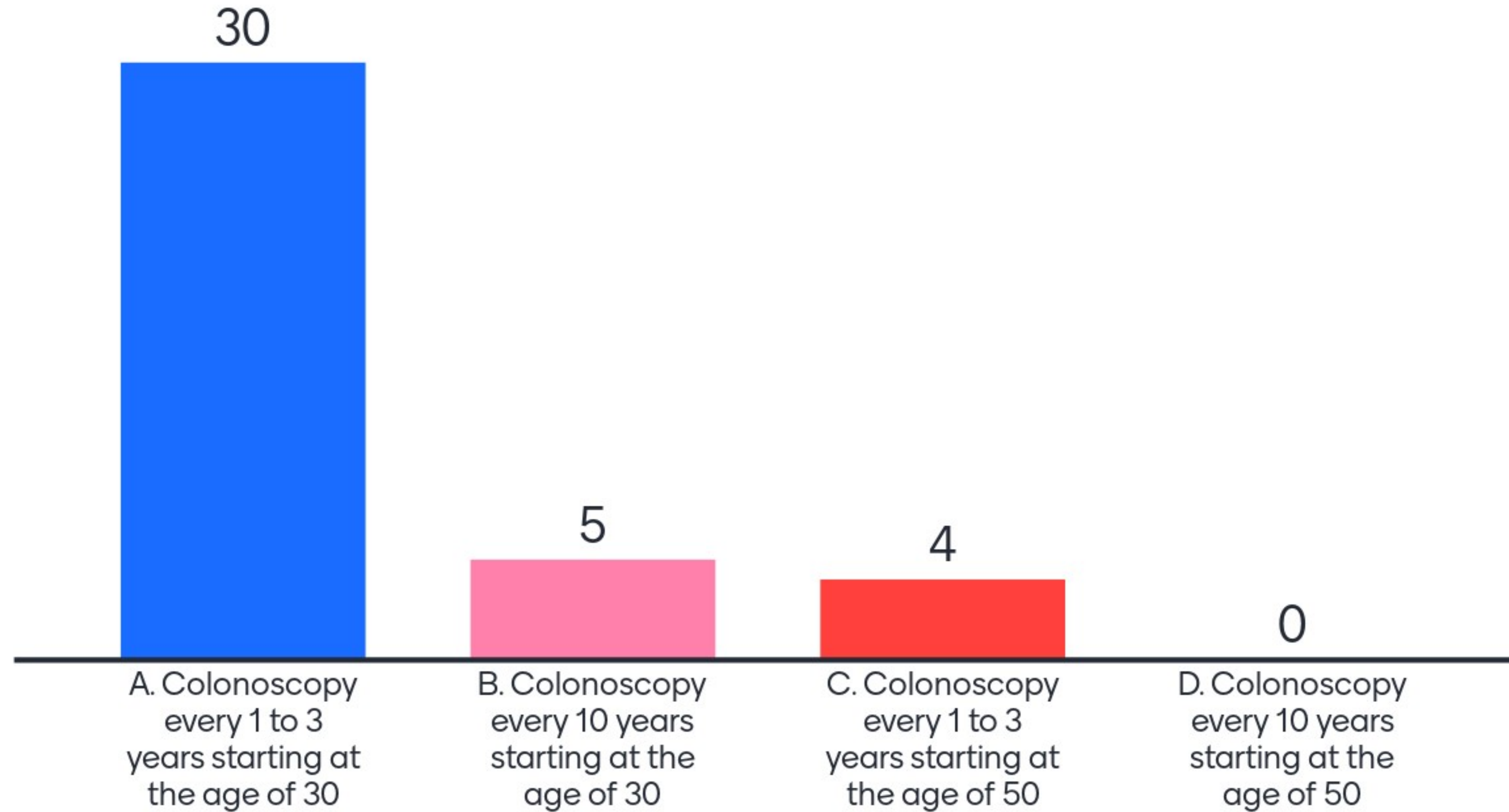
What is the correct answer?



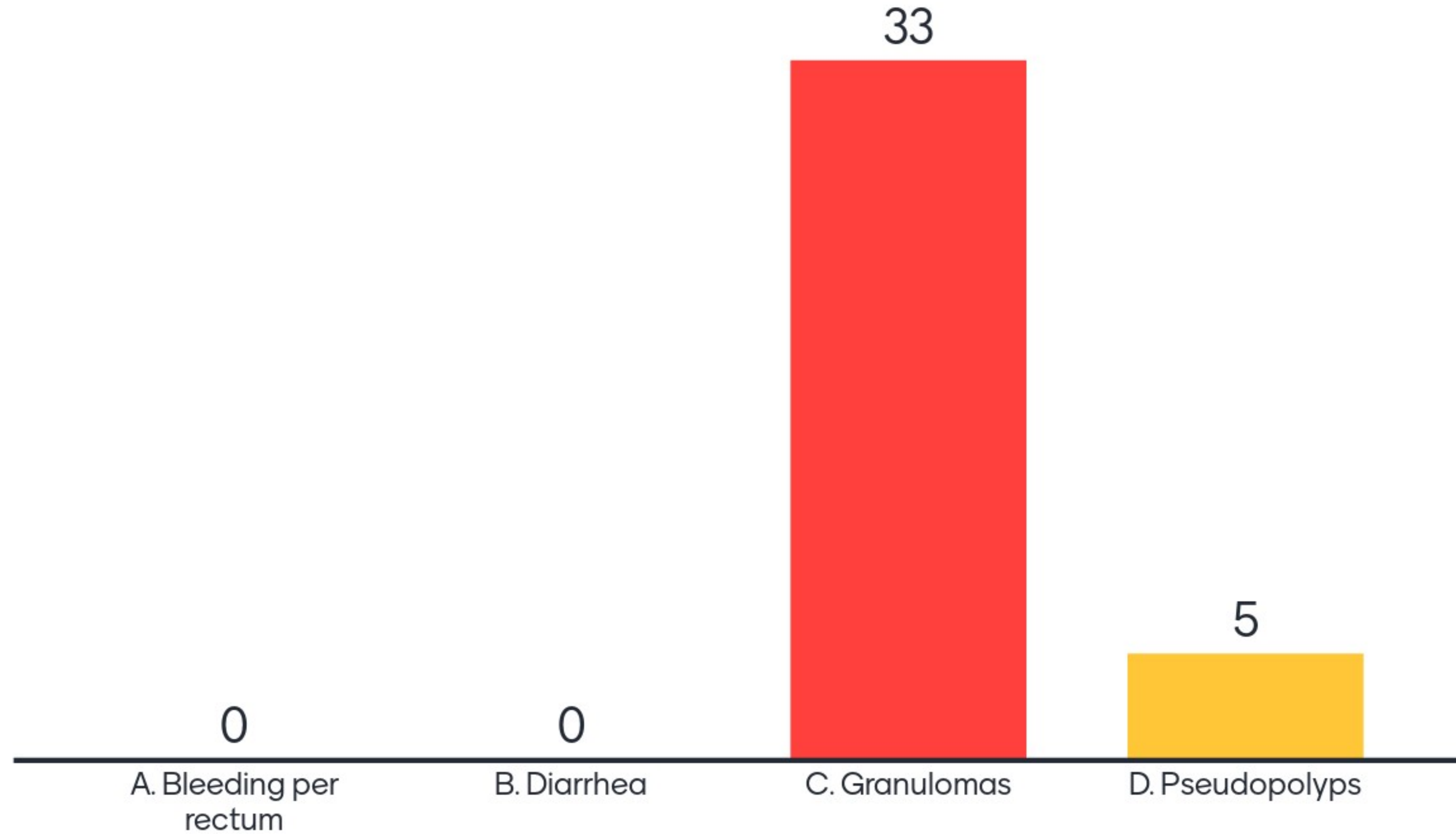
5. A 47-year old man underwent total colectomy and end ileostomy for *Clostridium difficile* colitis 4 days ago. On rounds, his ileostomy is noted to be



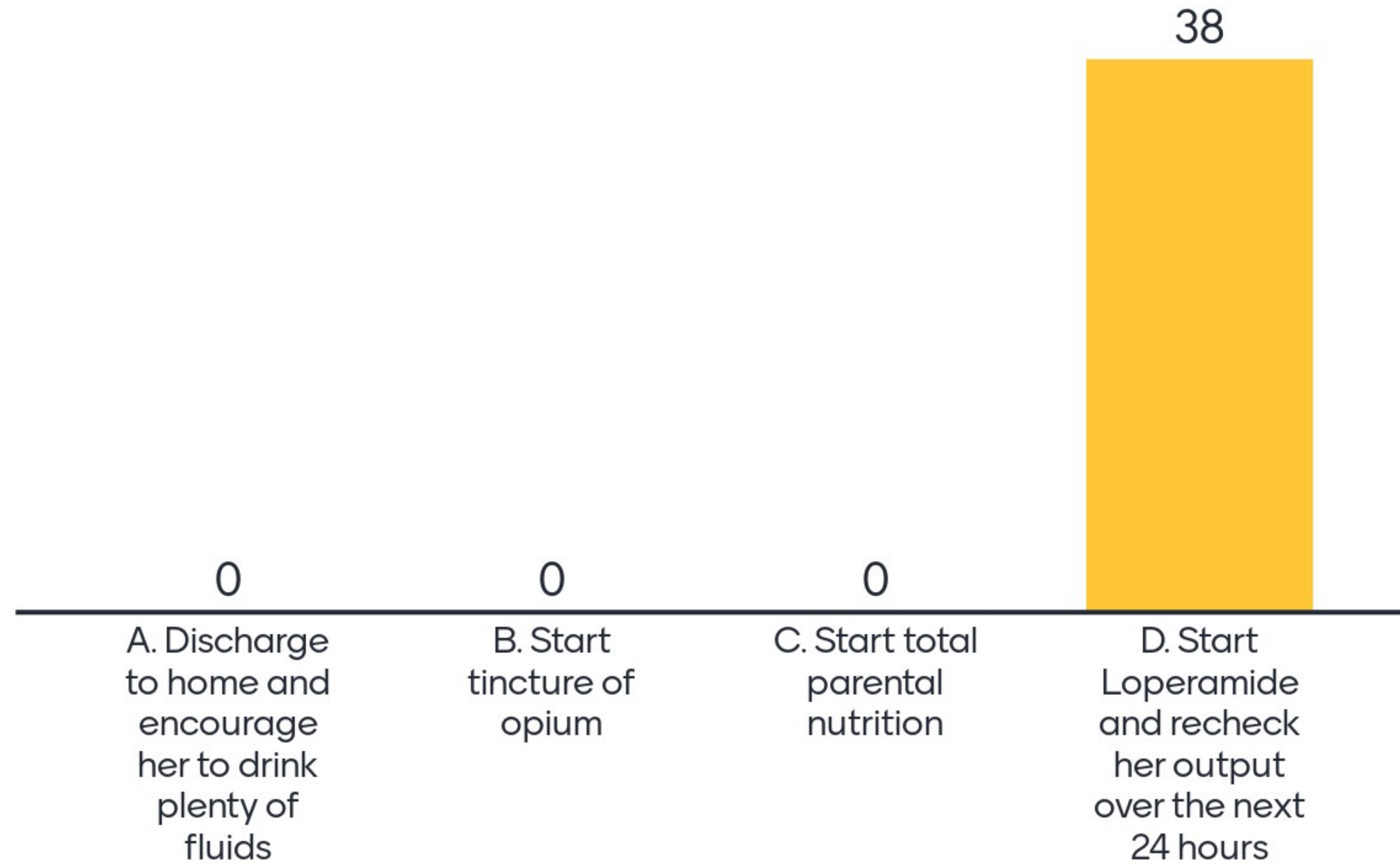
6. After initial diagnostic colonoscopy, which of the following is an appropriate surveillance strategy for a patient diagnosed with Crohn disease at



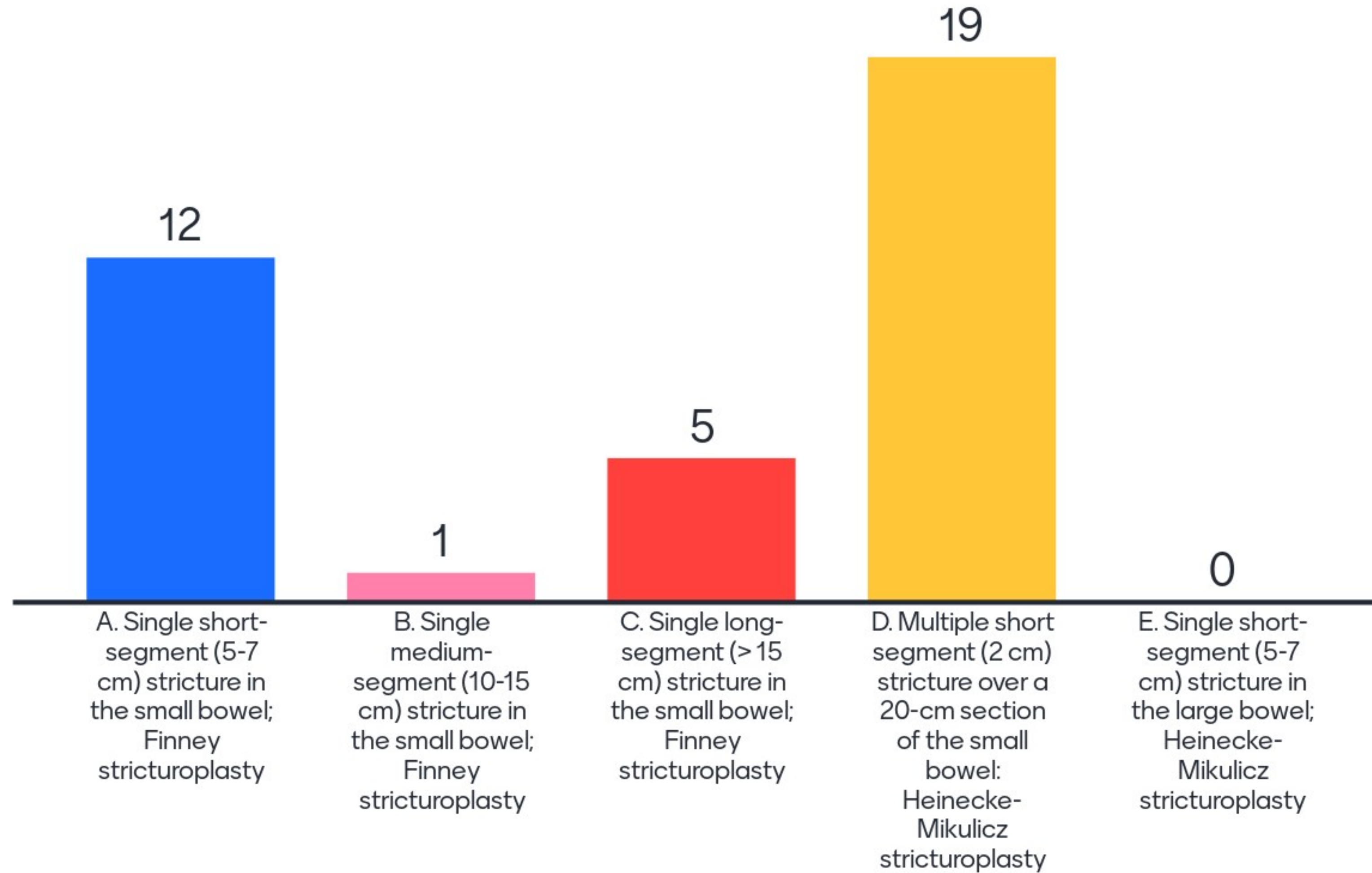
7. Which of the following histology and clinical symptoms are found exclusively in Crohn disease and not in ulcerative colitis?



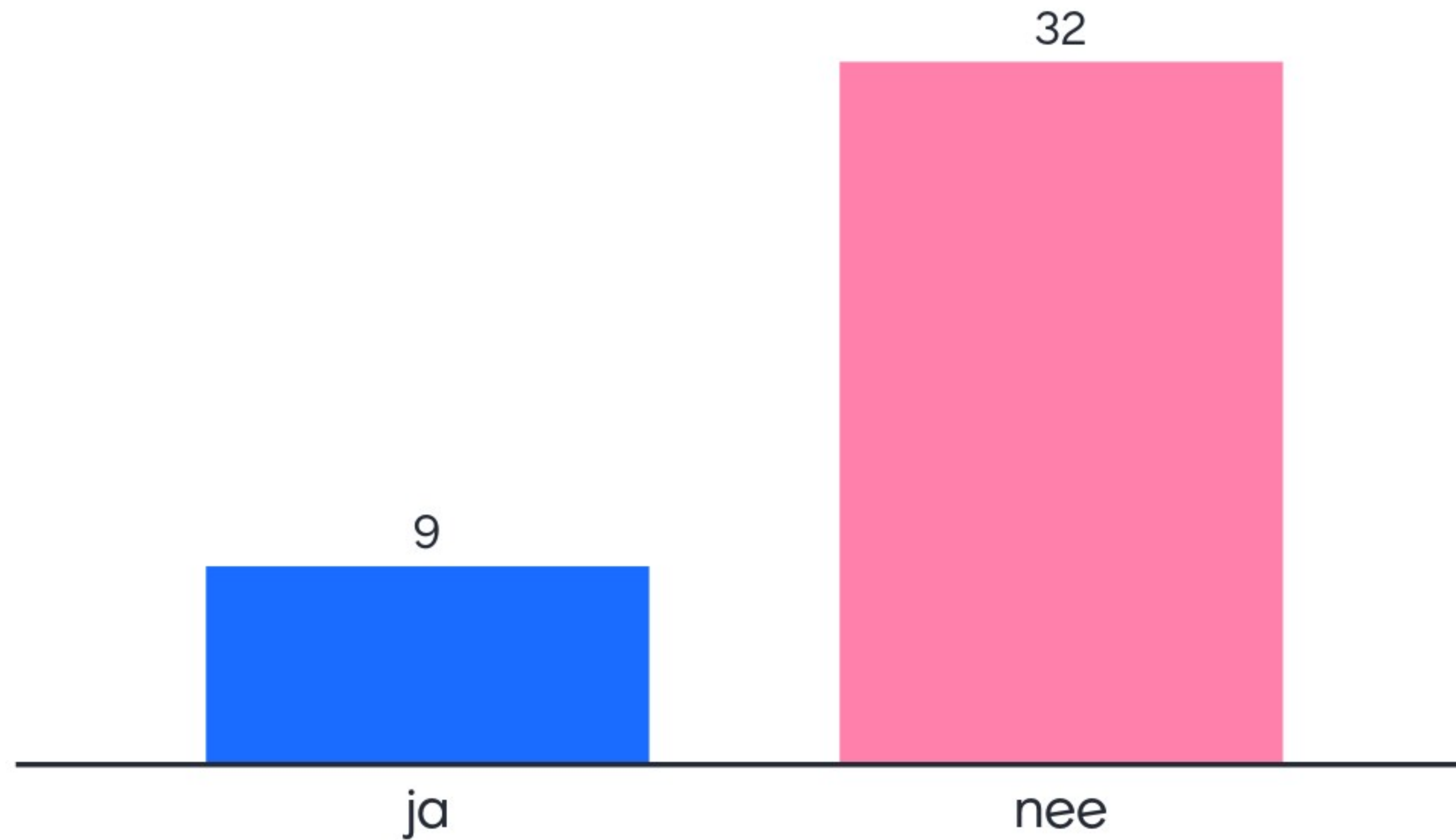
8. A 29-year old woman underwent total colectomy for ulcerative colitis 8 days ago. She is eating well but in the past 24 hours has 2000 ml of output



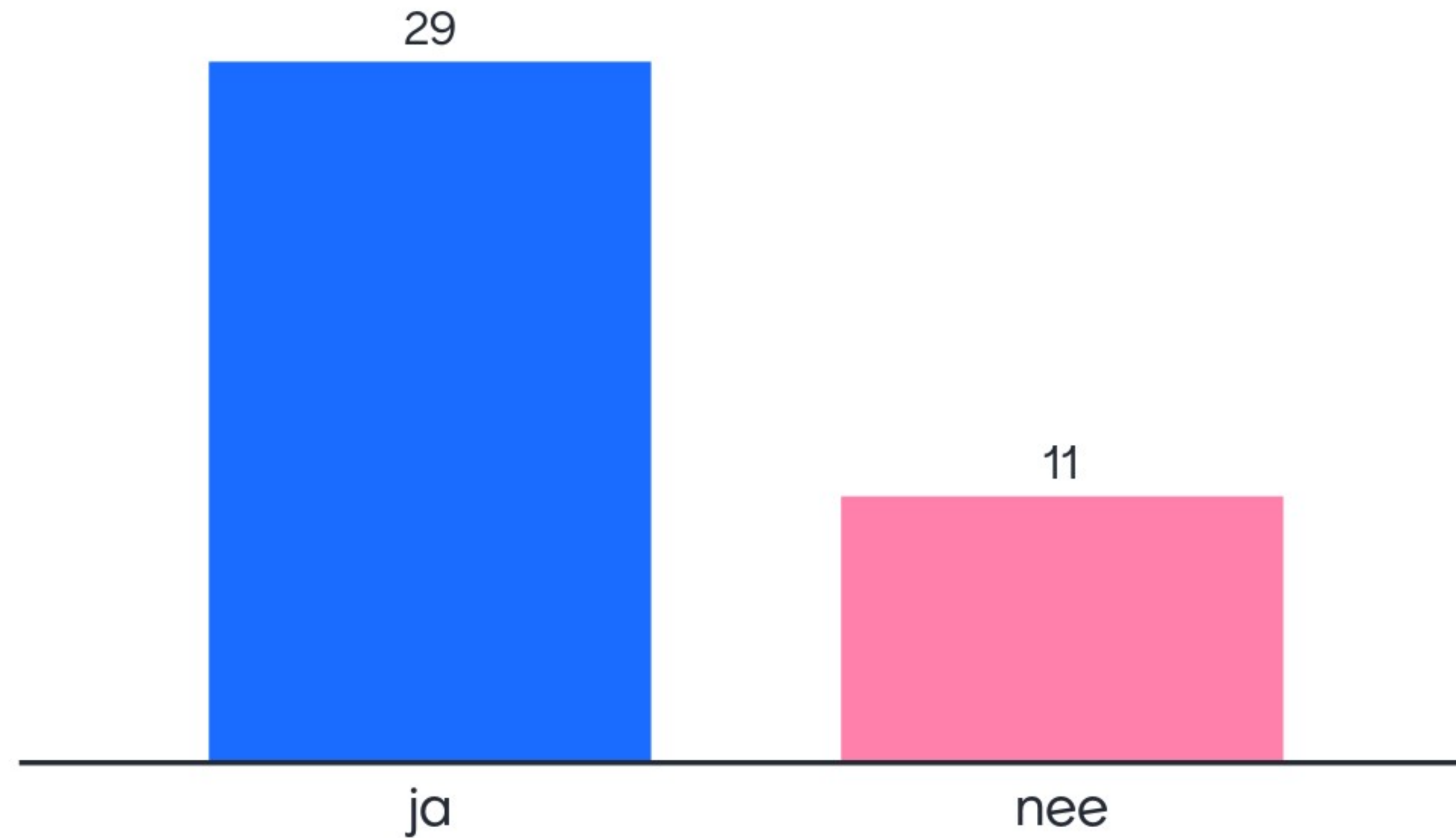
9. Which of the following surgical options is paired correctly with its operative indications?



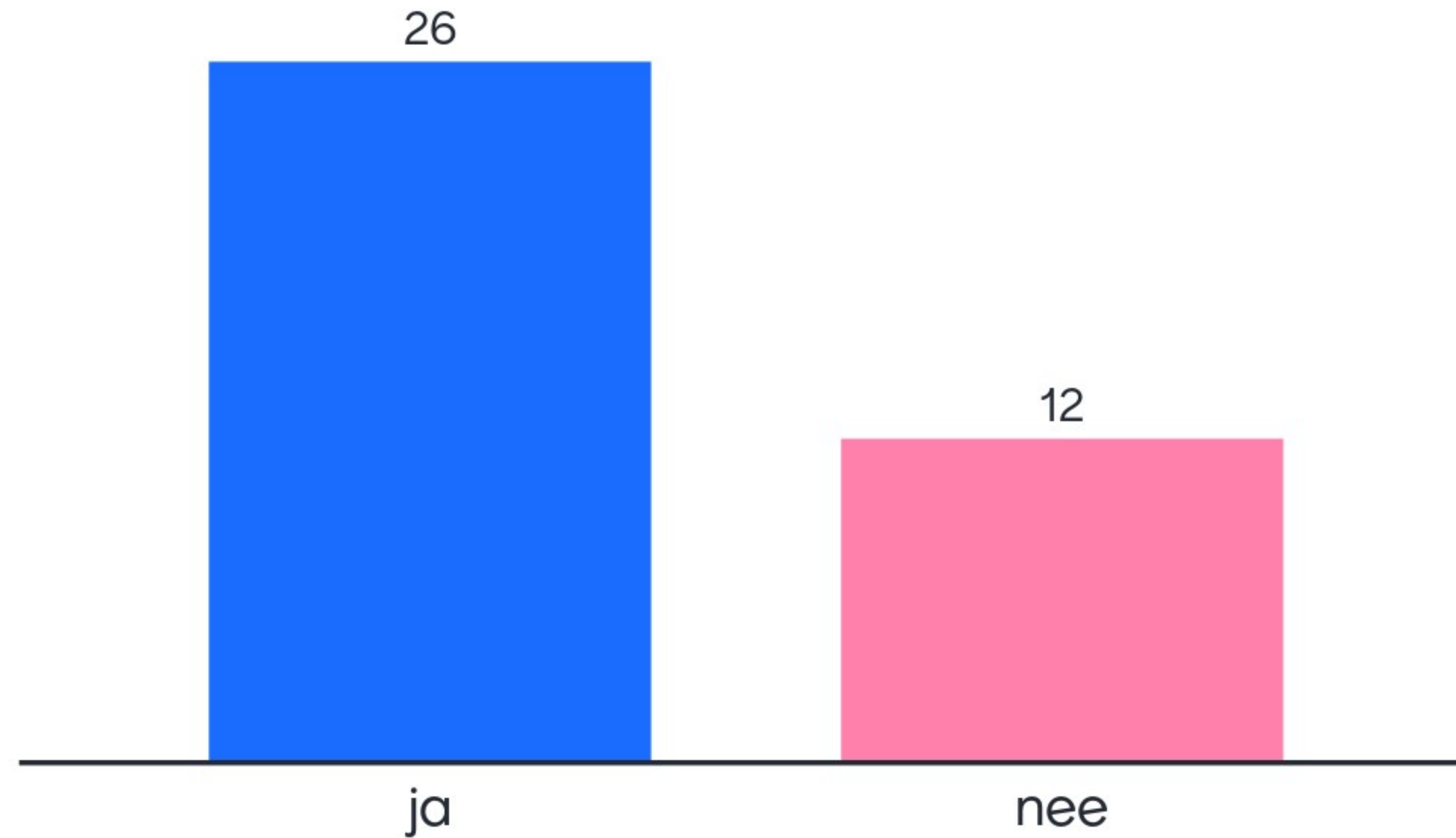
Voor preoperatieve behandeling van lokaal gevorderd rectumCA is een 'kort' schema radiotherapie (5x5 Gy) obsoleet, vermits lange schema's



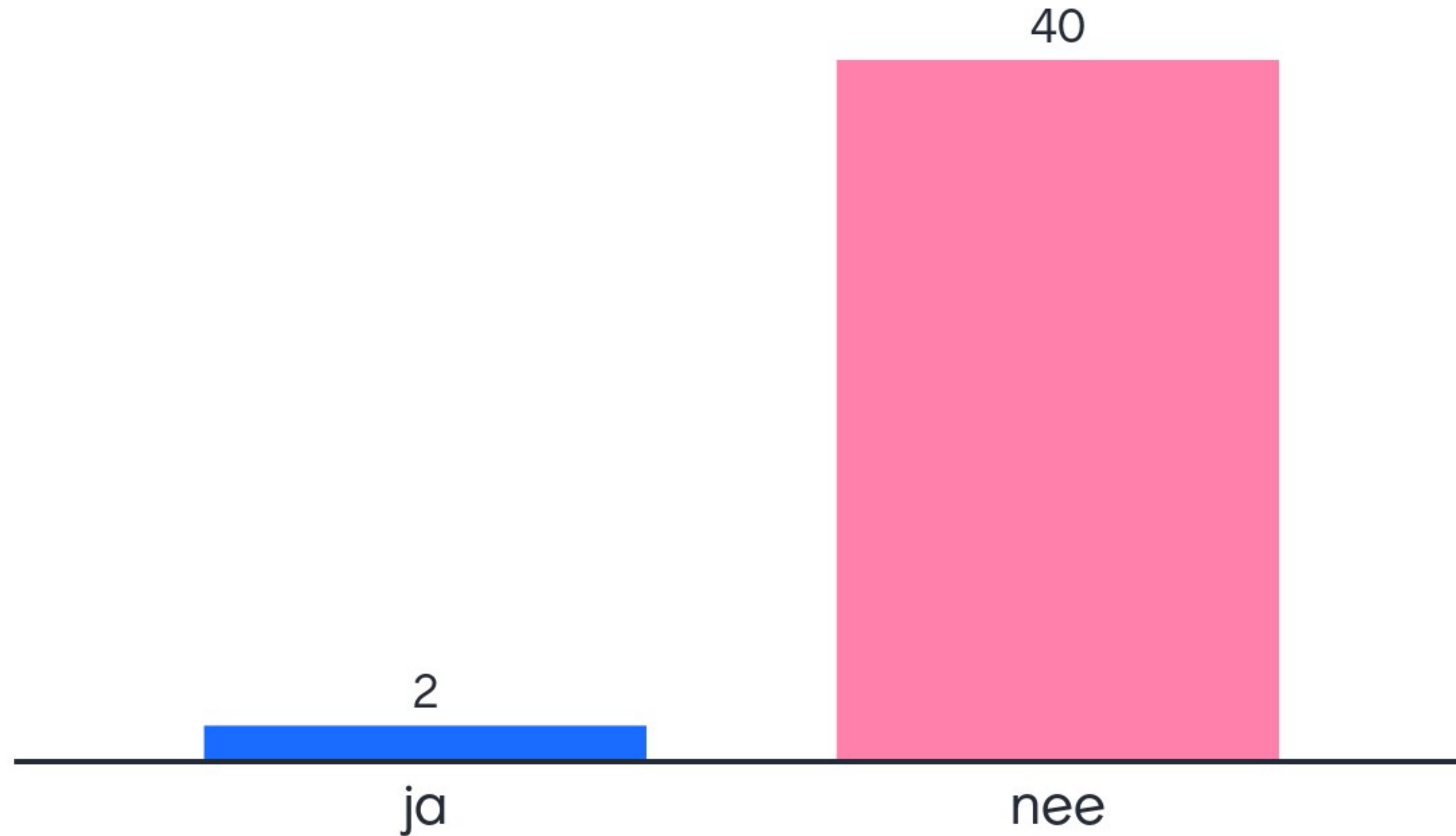
Gerandomizeerde studies tonen dat de techniek van 'complete mesocolic excision' bij rechter colonCA leidt tot een betere overleving.



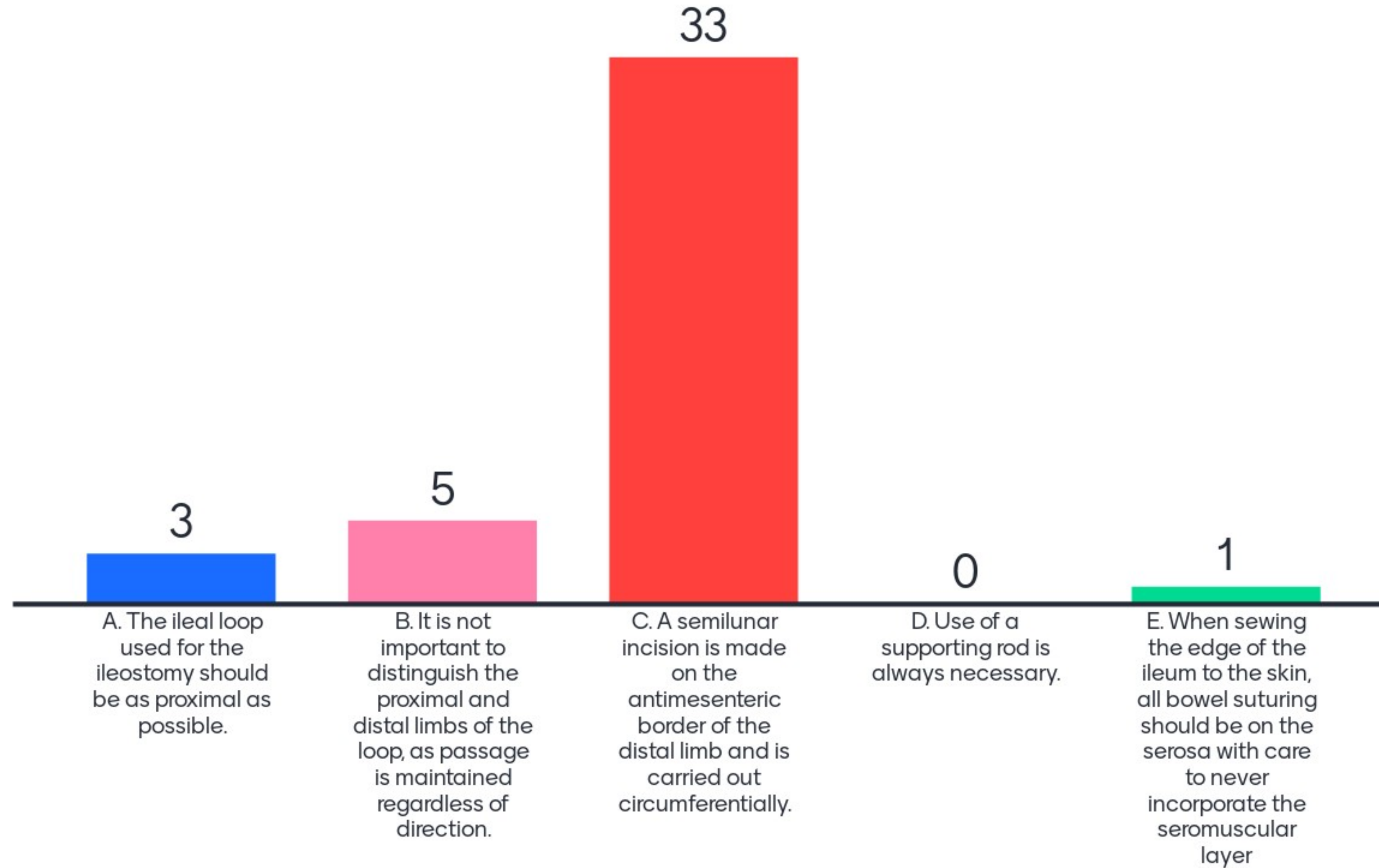
Voor een pTNM stadium III tumor is de beslissing met betrekking tot adjuvante chemotherapie onafhankelijk van de mismatch repair status.



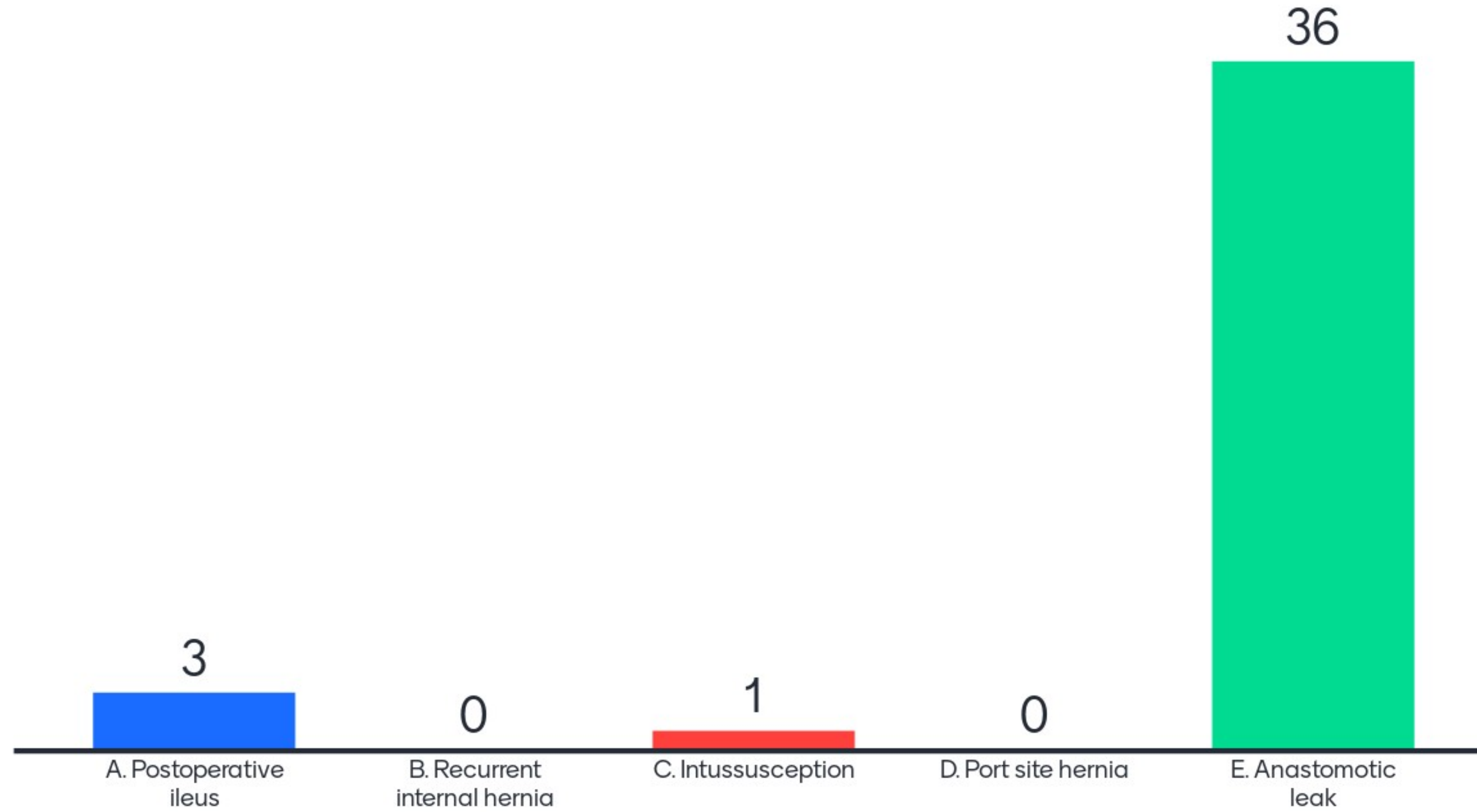
De genetische oorzaak van Lynch syndroom (HNPCC) is nagenoeg identiek aan die van FAP (familiale polypose).



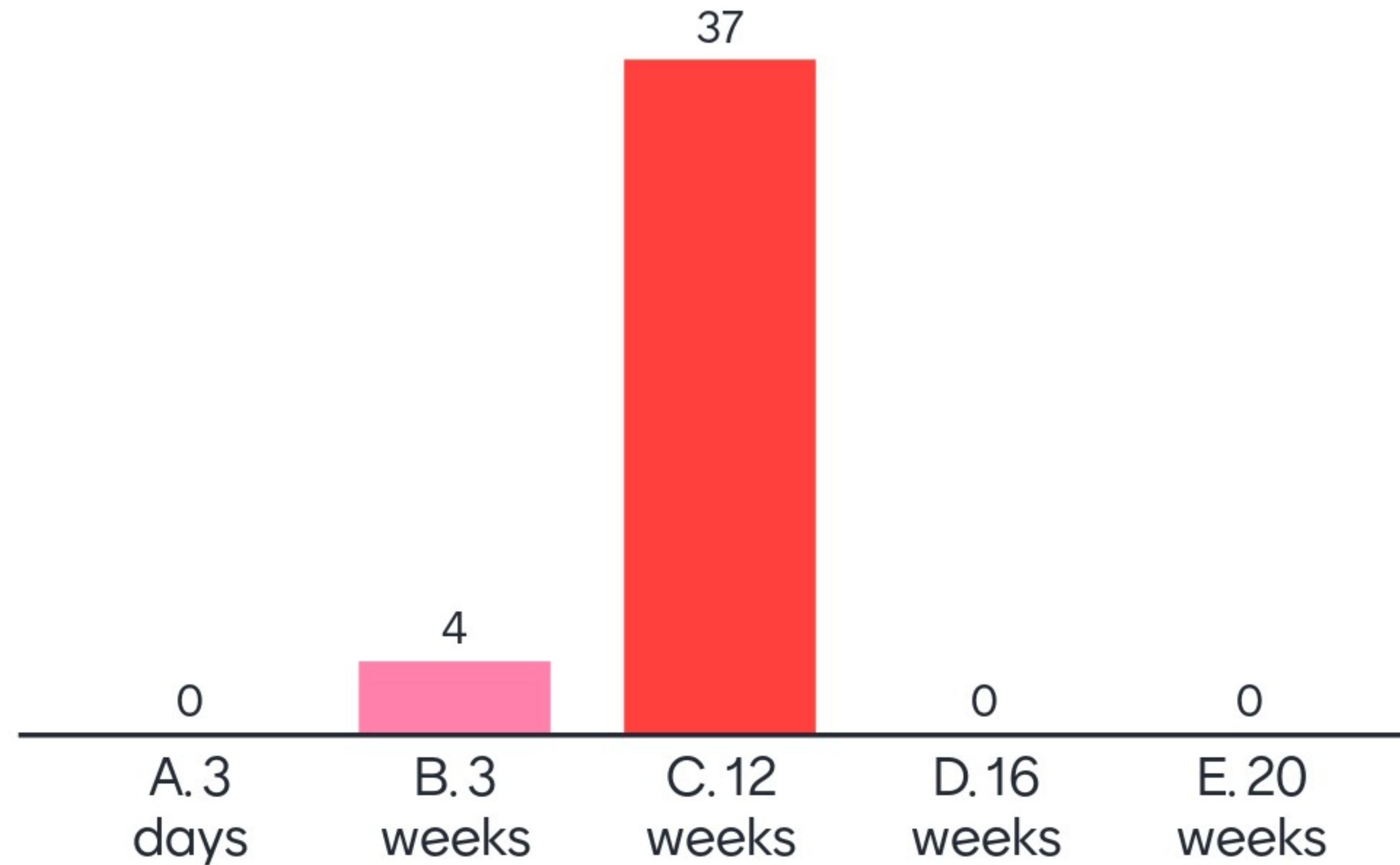
Q1. After performing a colon resection and primary anastomosis, the surgeon decides to create a loop ileostomy to protect the colonic anastomosis.



Q2. A 50-year-old man undergoes laparoscopic-assisted small bowel resection for obstruction due to a strangulated internal hernia.

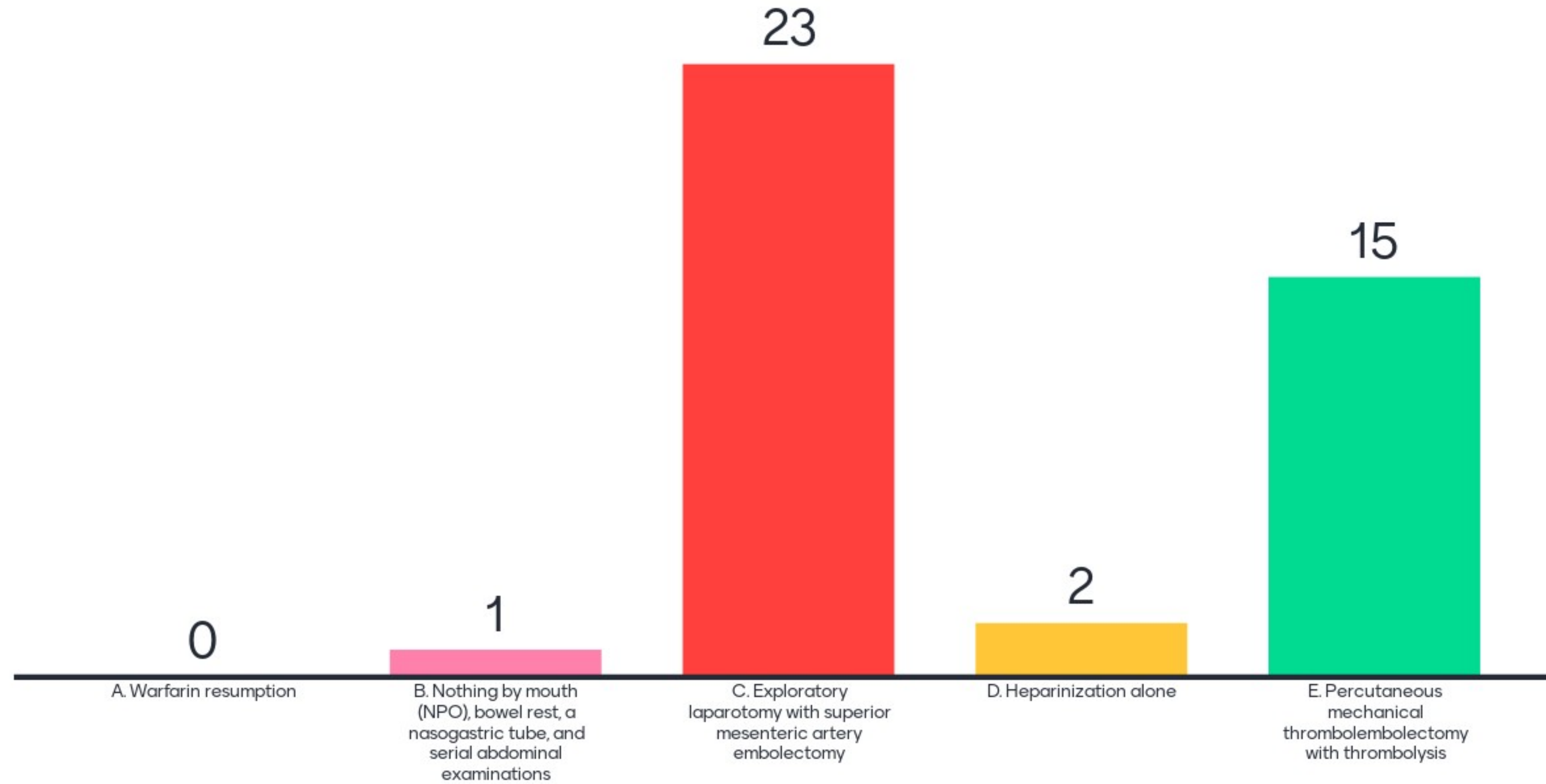


Q3. What is the minimal time needed between formation and closure of a stoma to allow resolution of both acute inflammation and dense adhesions?

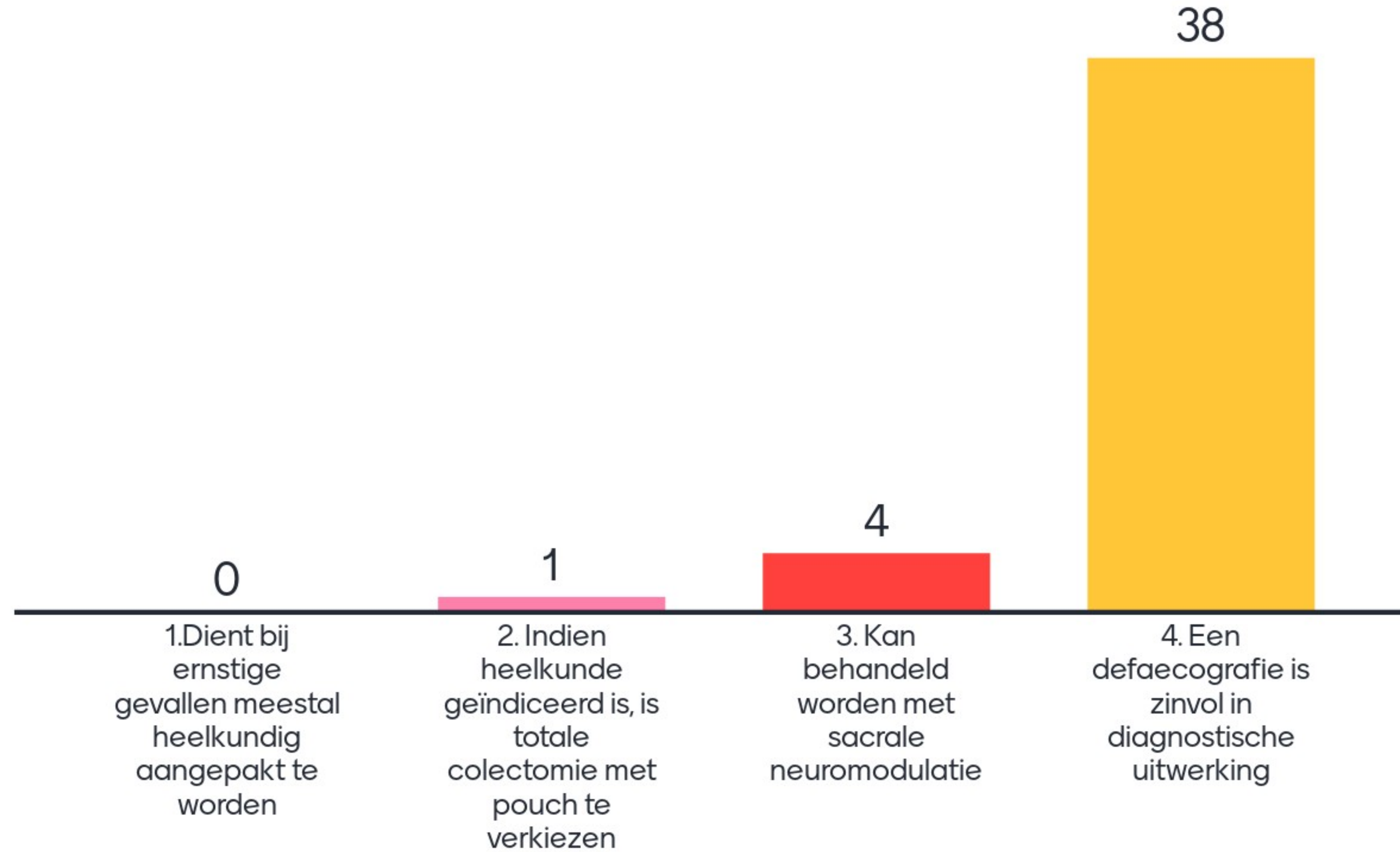


Q4. A 75-year-old man with a history of atrial fibrillation, coronary artery disease, hyperlipidemia, and hypertension presents to the emergency department with the acute onset of abdominal pain. His medications include warfarin; his family tells you that he takes this inconsistently. On physical examination, he has peritonitis. His INR is 1.6. Computed tomography angiography of the abdomen and pelvis demonstrates an occlusion of the superior mesenteric artery 5 cm distal to the origin. What does the initial management include?

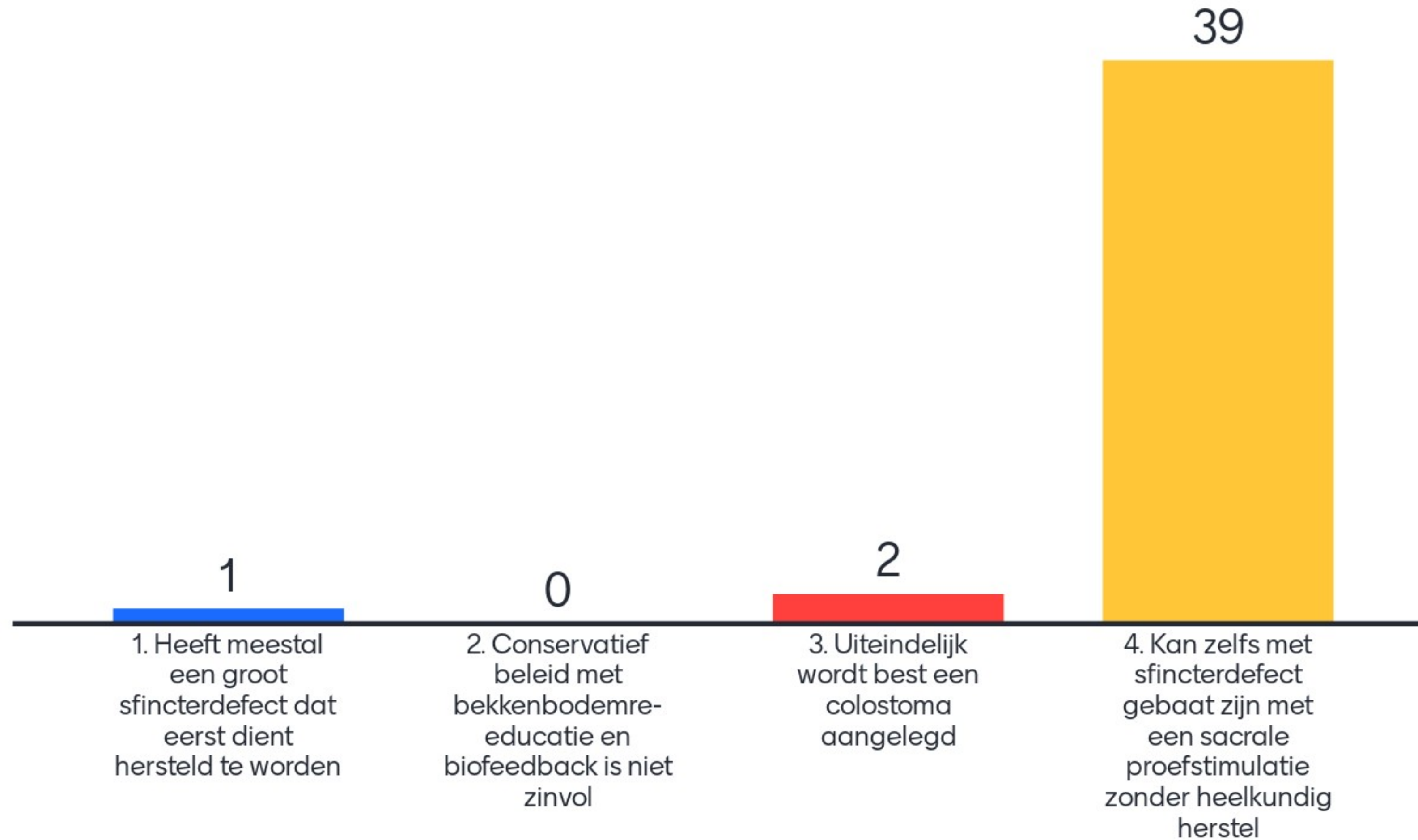
What is the correct answer?



Constipatie



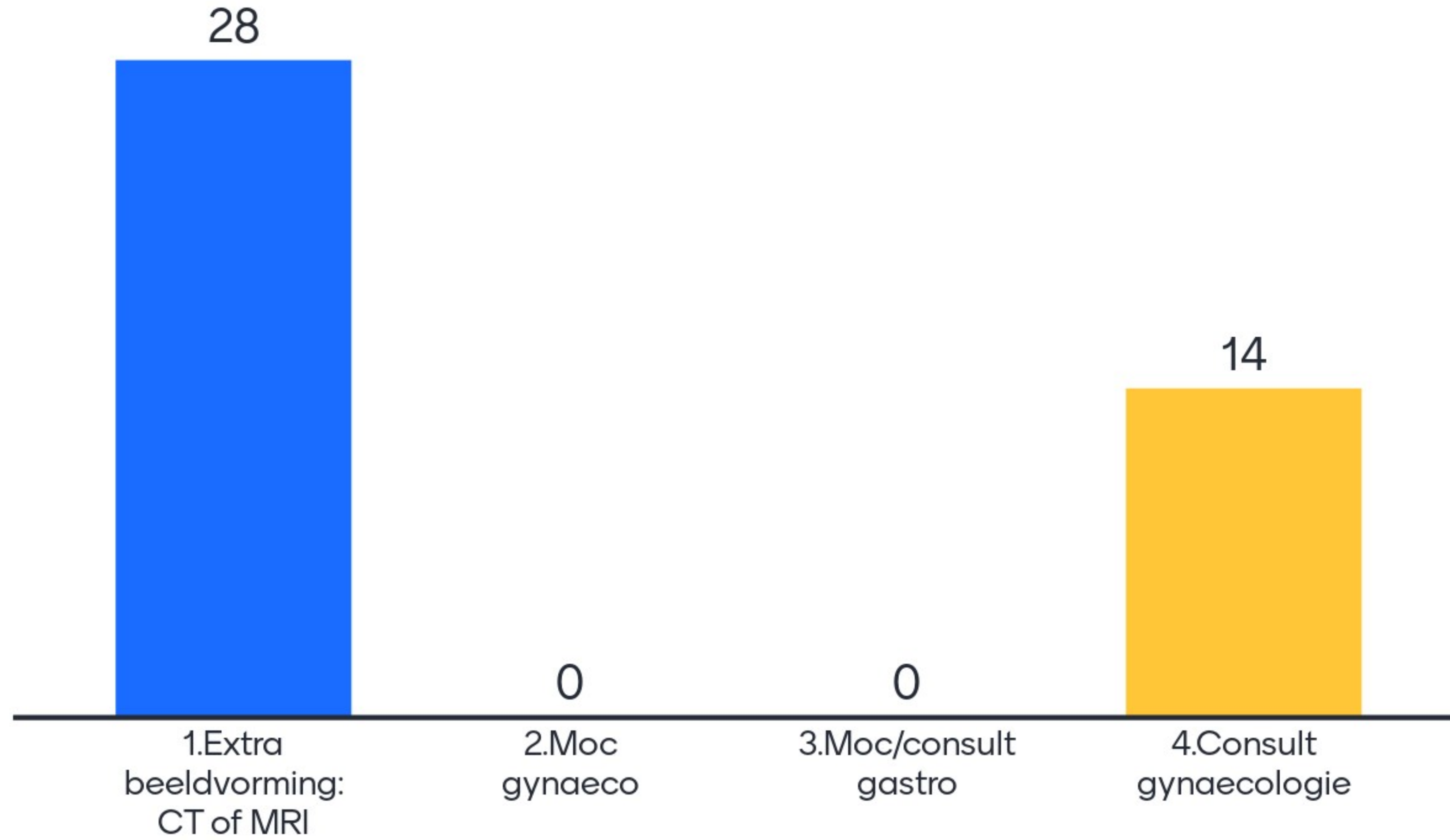
Patiënt met zeer ernstige faecale incontinentie



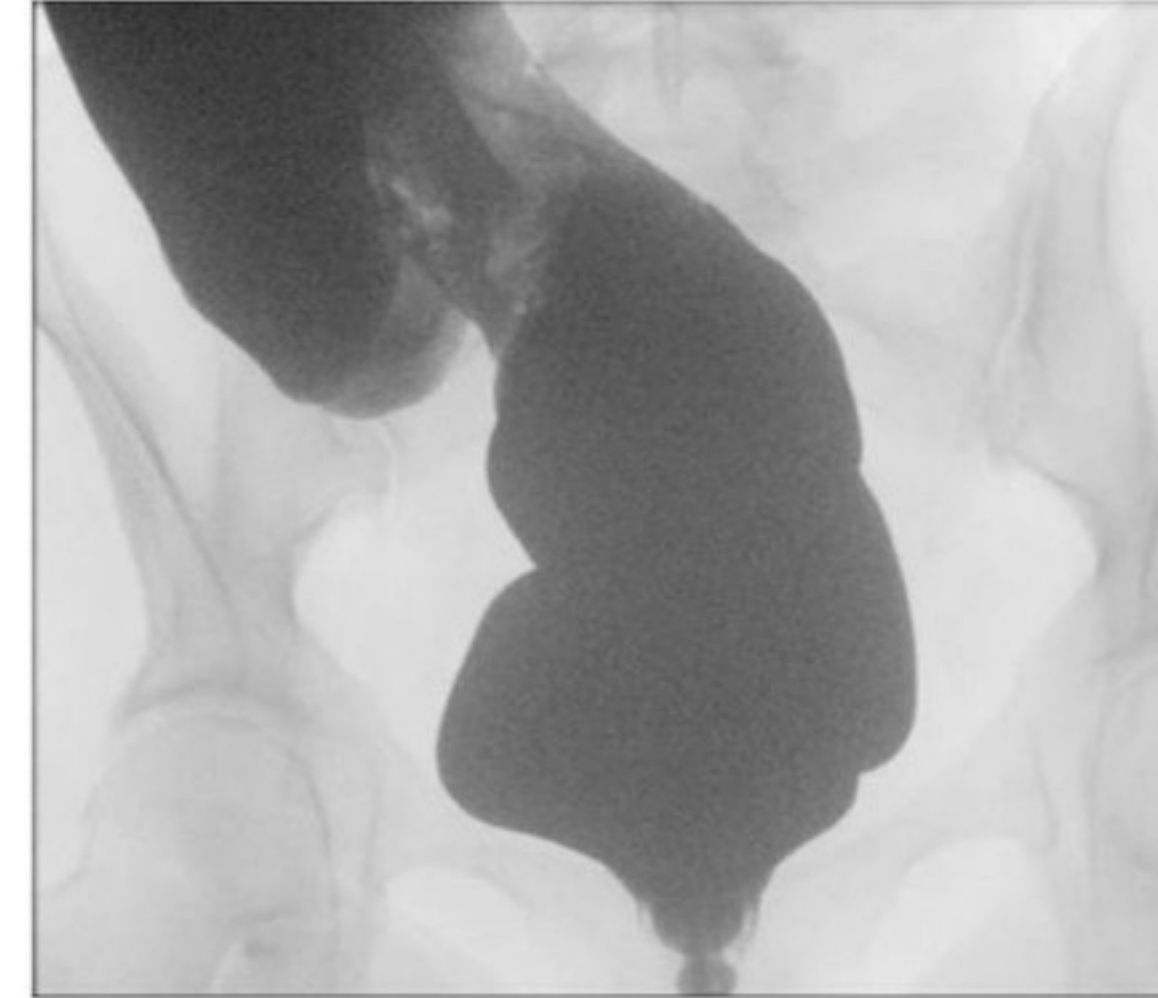
Jonge vrouw (27j), sinds jaren last om stoelgang te maken maar sinds en paar maand meer vage onderbuiksongemakken en opgezet abdomen waarvoor een echo abdomen: Cystische massa kleine bekken **BELEID ?**



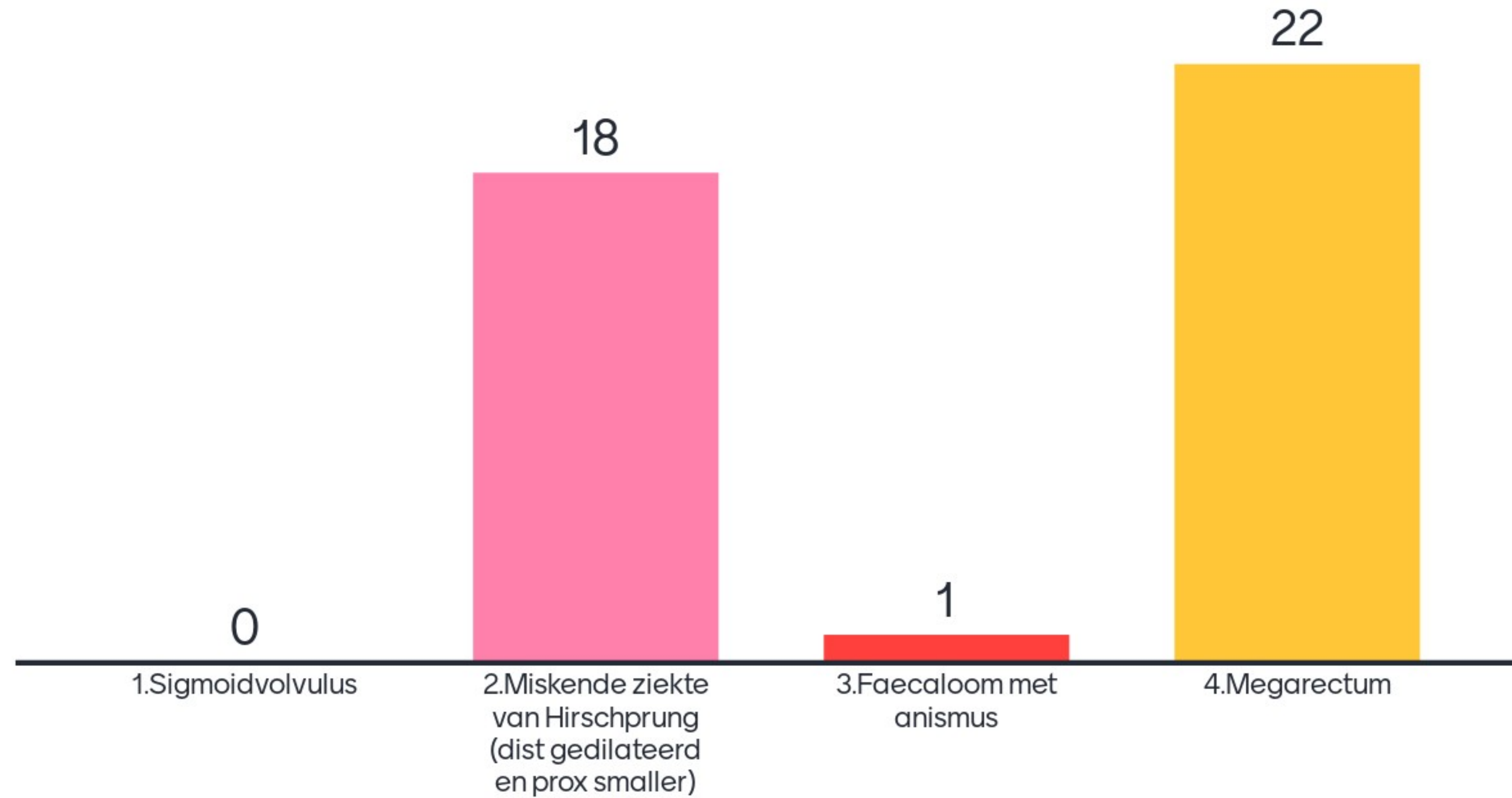
Wat is het correcte antwoord?



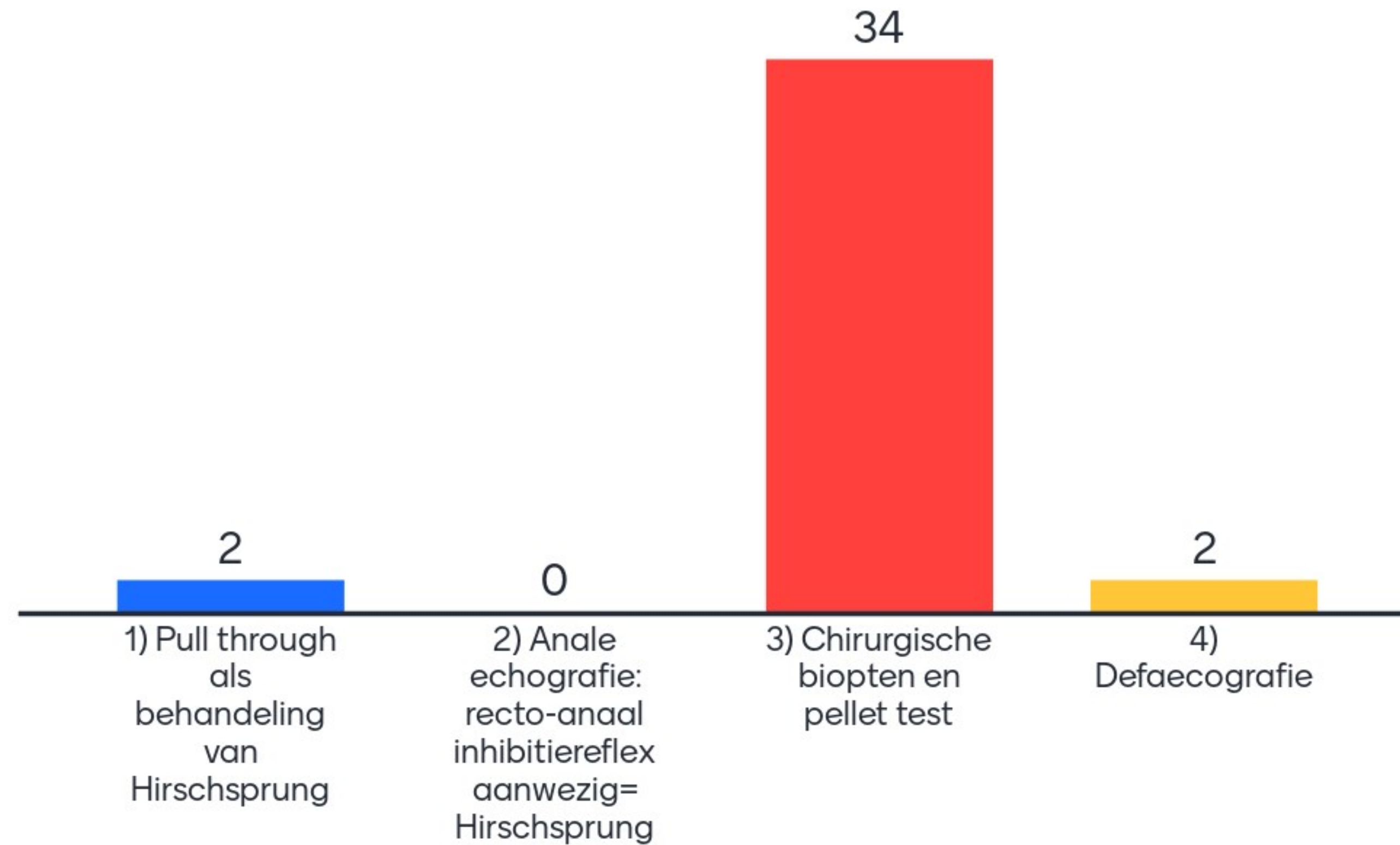
Jonge vrouw (27j), sinds jaren last om stoelgang te maken
Last van defaectatieproblemen na bevalling blijft aanhouden en
er wordt een clyisma afgesproken:



DIAGNOSE of bevindingen



Sterk gedilateerd voorkomen van het rectum. Opvallende mobiliteit colonkader. Quasi volledige afwezigheid van haustraties in sigmoïd en rectum.



Uit pellet test en biopten kan je besluiten:

Pellet test dag 4

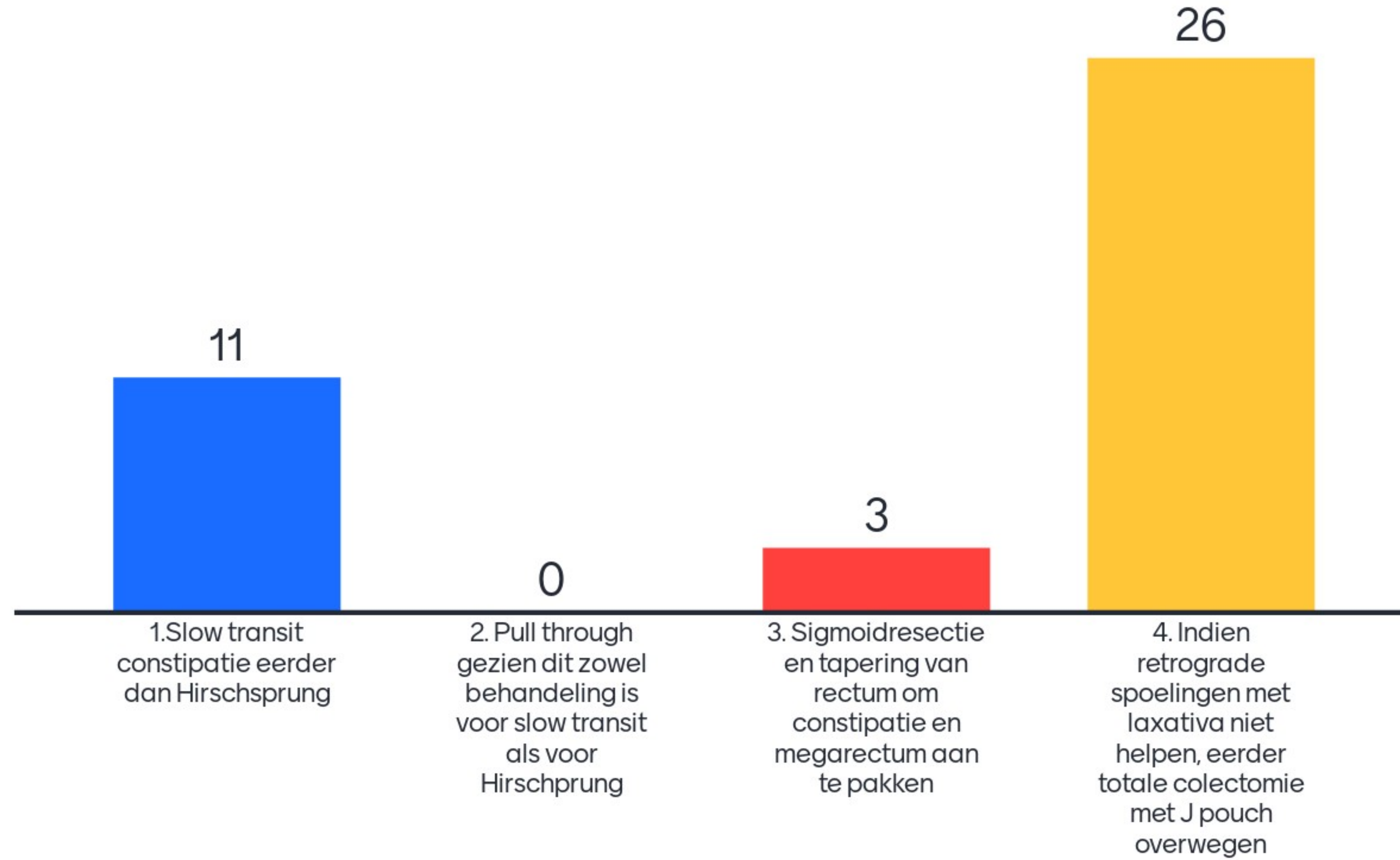


Pellet test dag 7



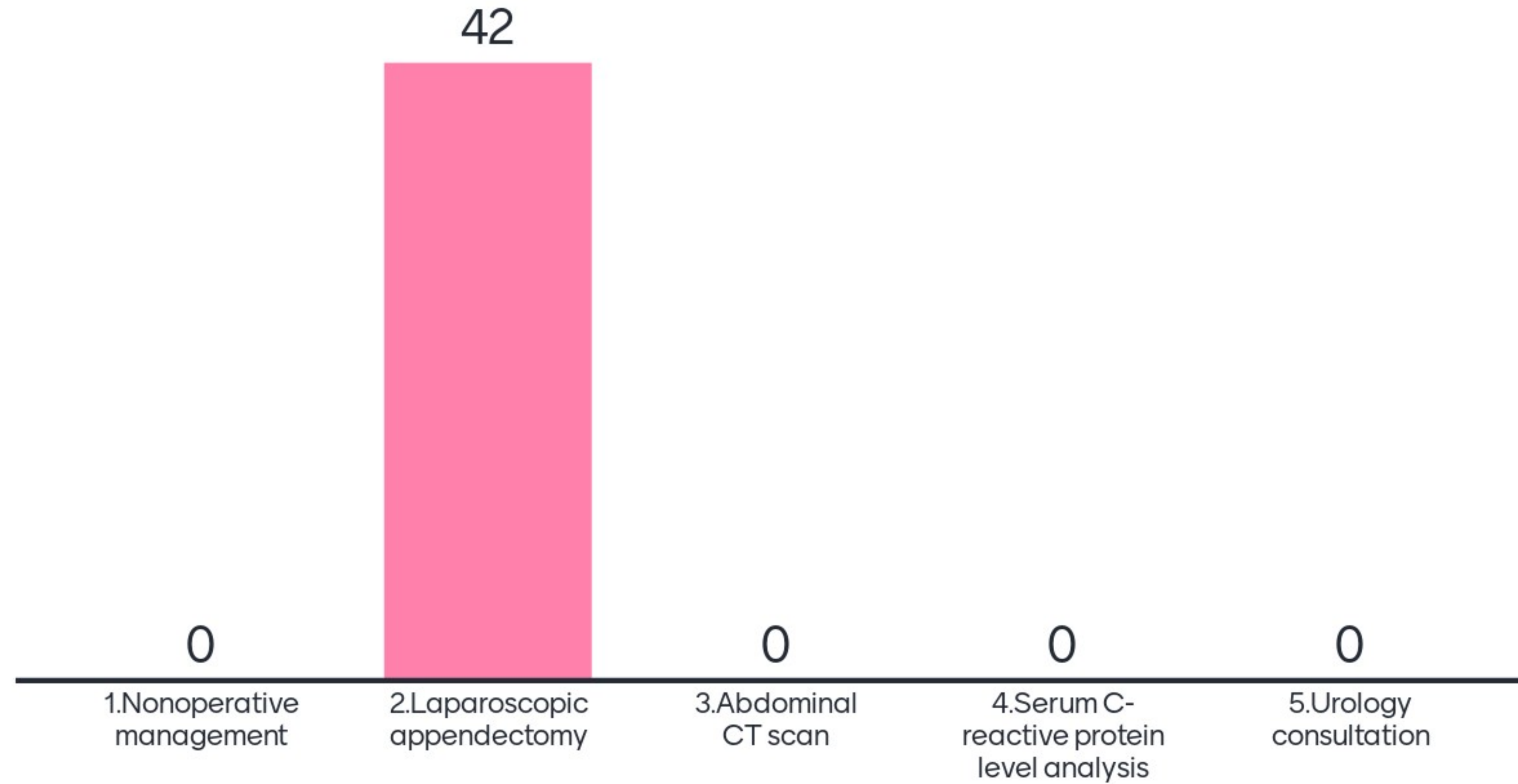
Eigenlijk **te weinig submucosa**, **afwezigheid van ganglioncellen**. Positief **aankleurende zenuwvezels** aangetroffen, hetgeen sterk **pleit tegen morbus Hirschprung**.

Wat is juist?

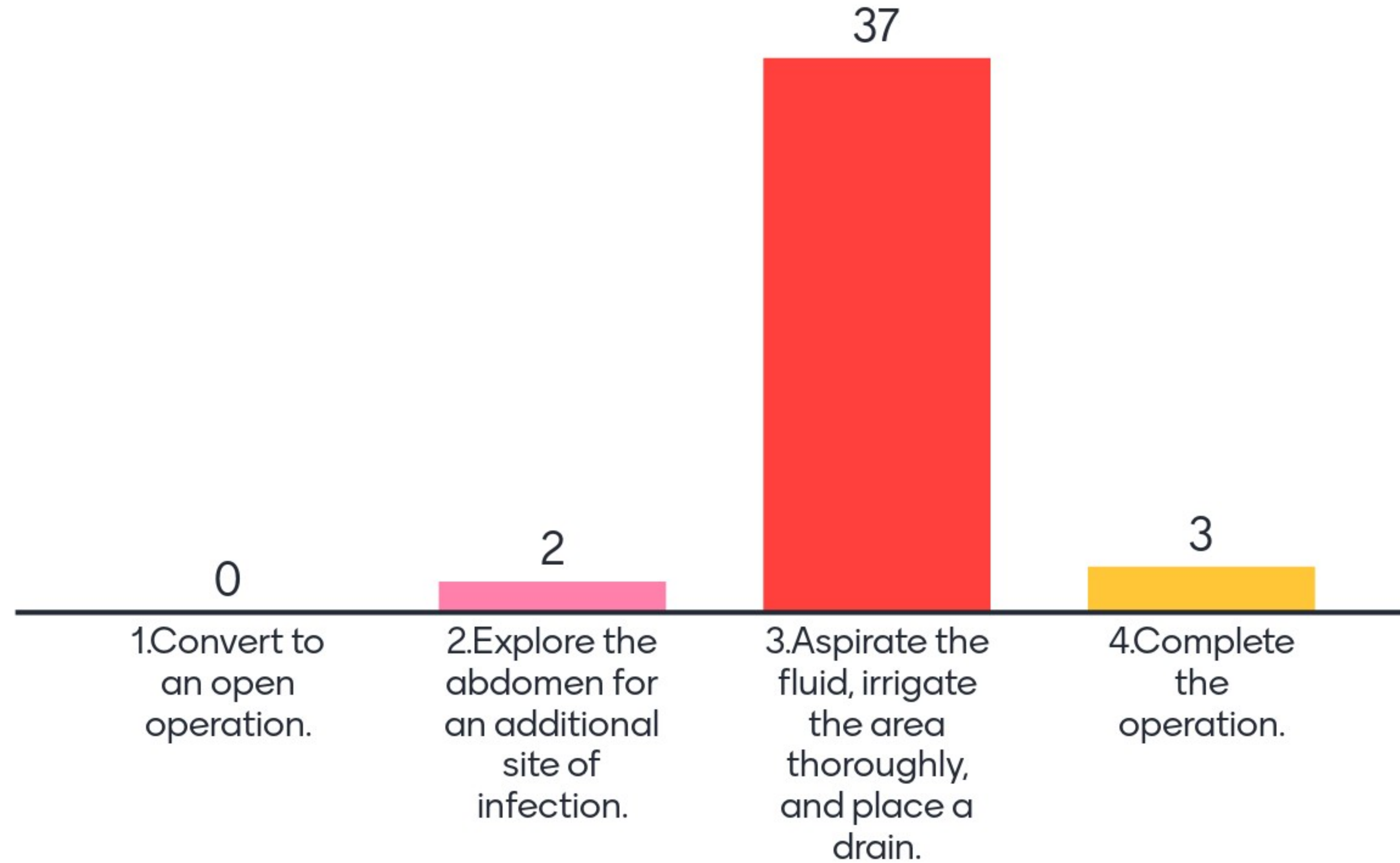


1-A 24-year-old man presents with right lower quadrant abdominal pain, anorexia, and nausea of one and a half days duration. There is right lower quadrant tenderness and rebound on examination, and his white blood cell (WBC) count is $14,900/\text{mm}^3$. Urinalysis shows 10 to 15 WBCs/hpf. Abdominal ultrasound demonstrates an appendix that is 7 mm in diameter with an appendicolith. What is the next treatment step for this patient?

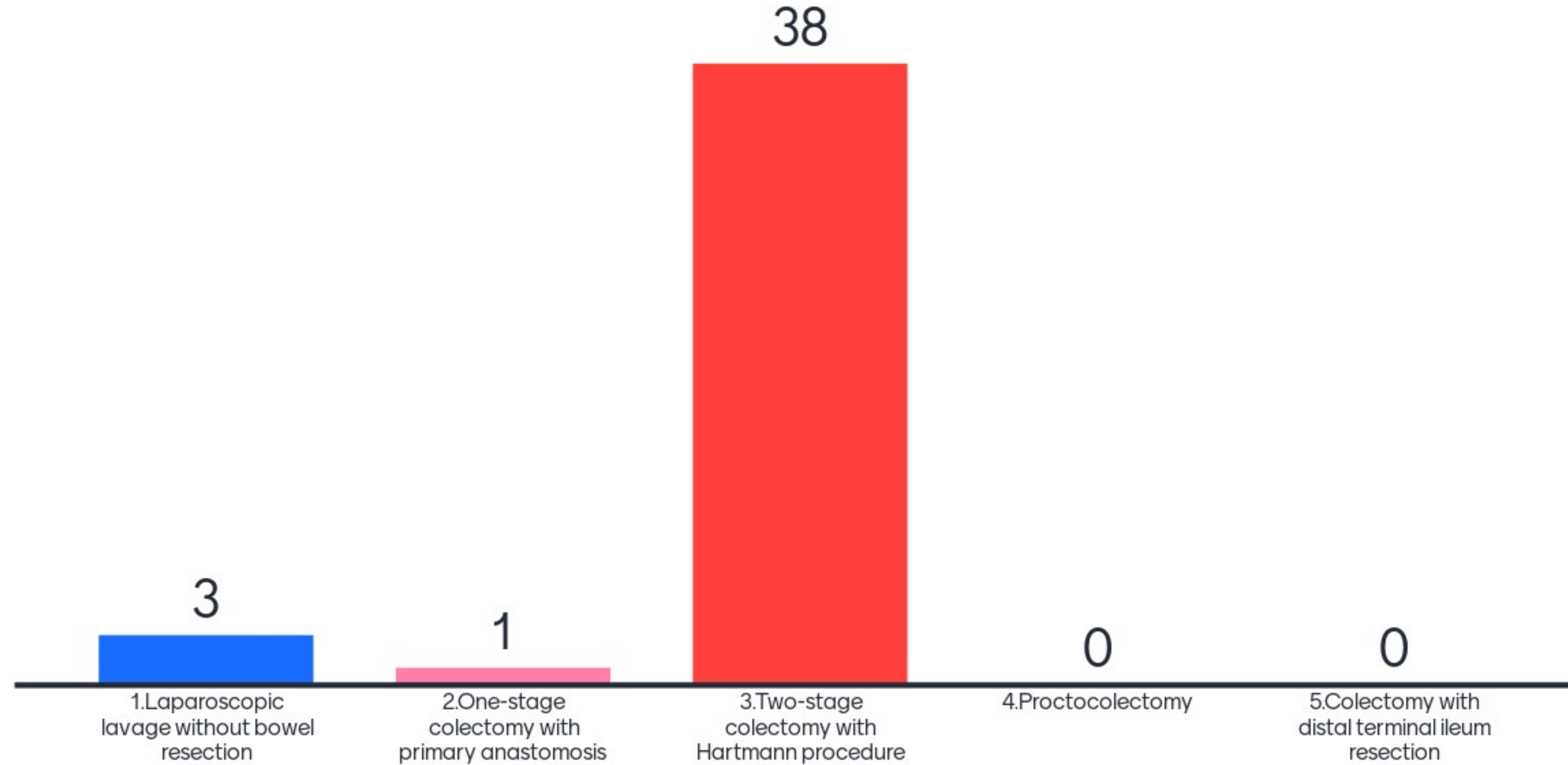
What is the correct answer?



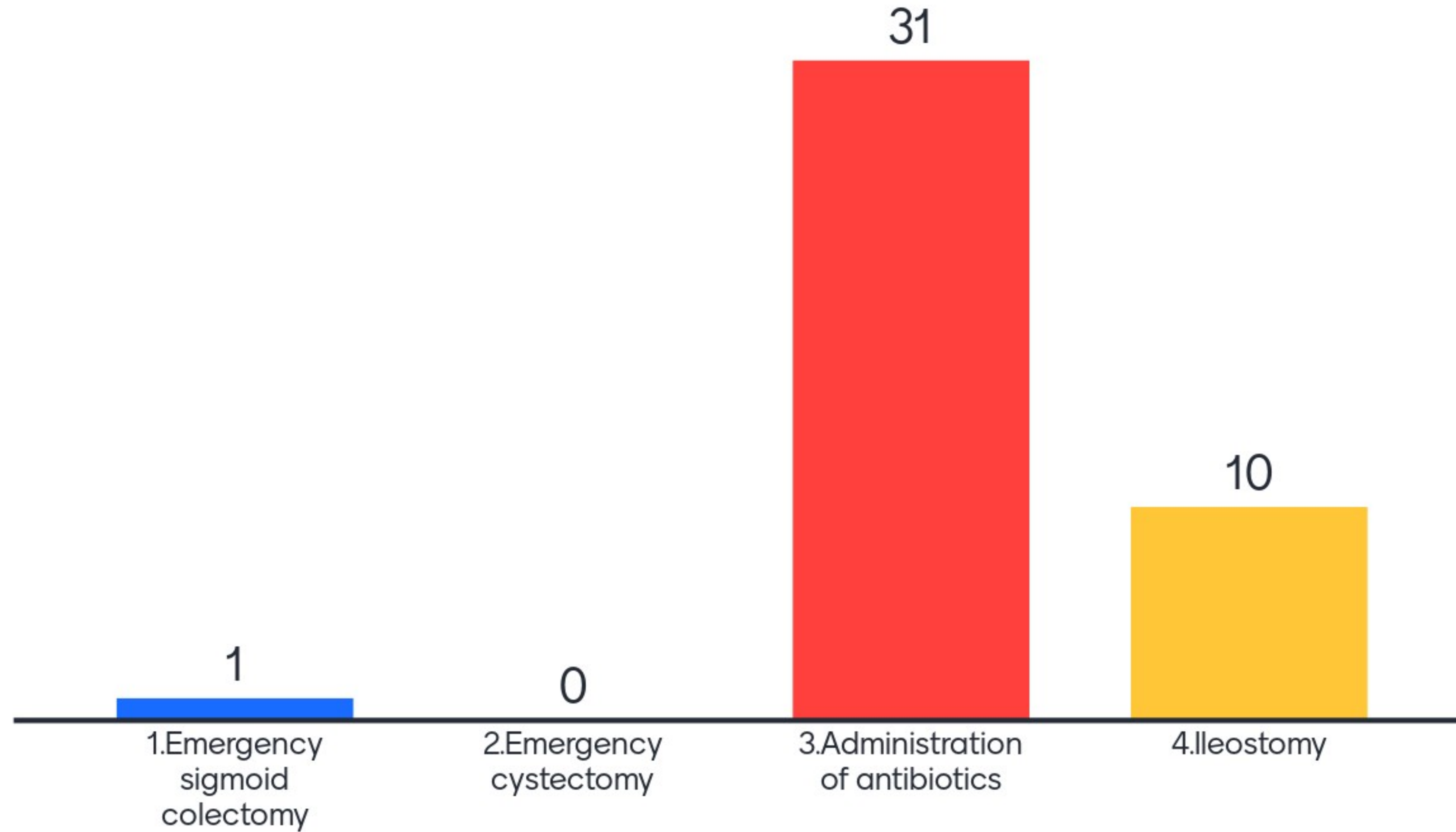
2-You are performing a laparoscopic appendectomy on a 22-year-old man with acute gangrenous appendicitis. On exposing the tip of the appendix,



3- A 46-year-old man with chronic alcoholism presents to the emergency department with severe abdominal pain. Abdominal CT imaging reveals Hinchey

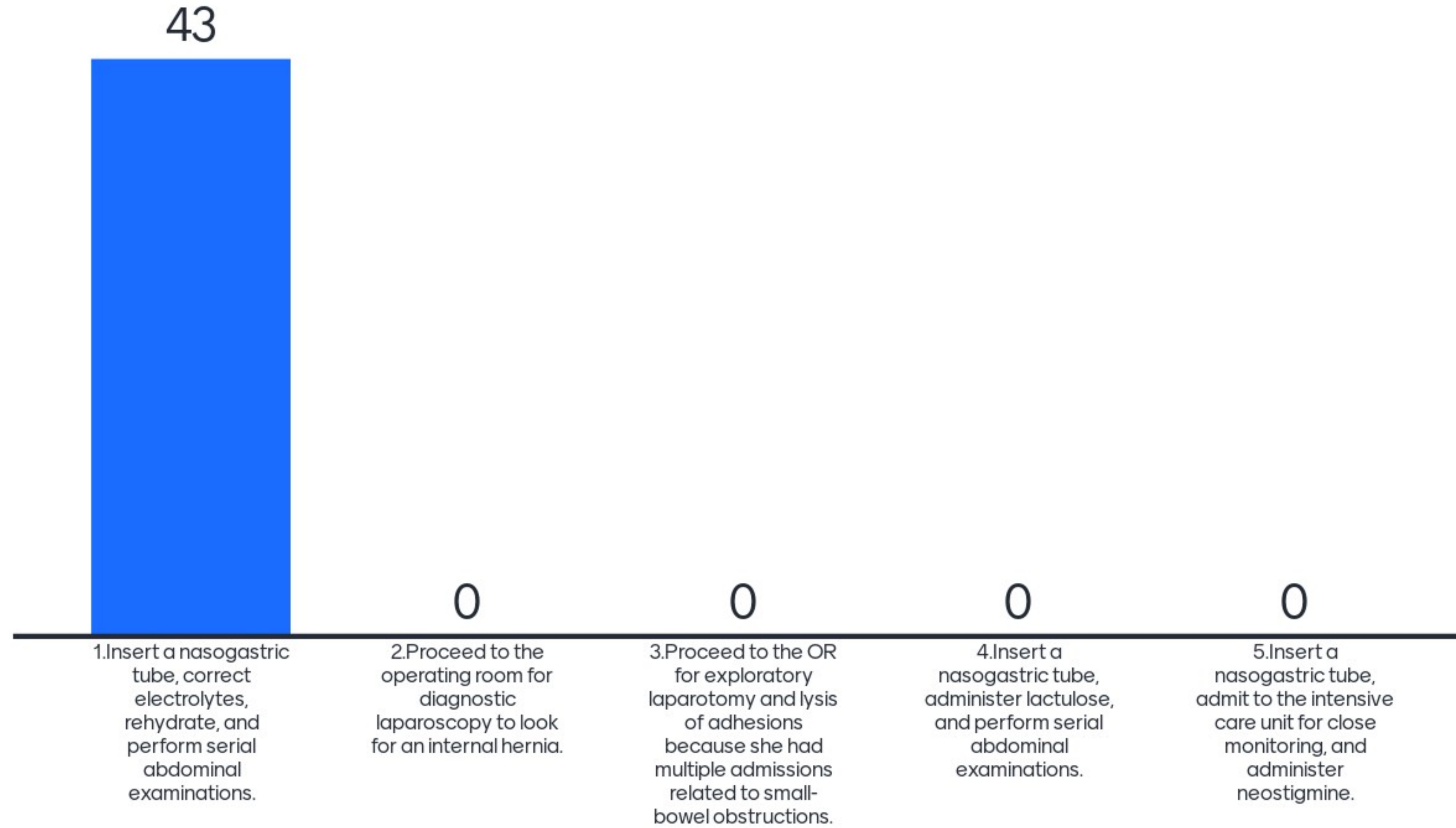


4-A 72-year-old woman who underwent a hysterectomy 30 years ago presents with fecaluria. A CT scan reveals thickening of the sigmoid colon and air in

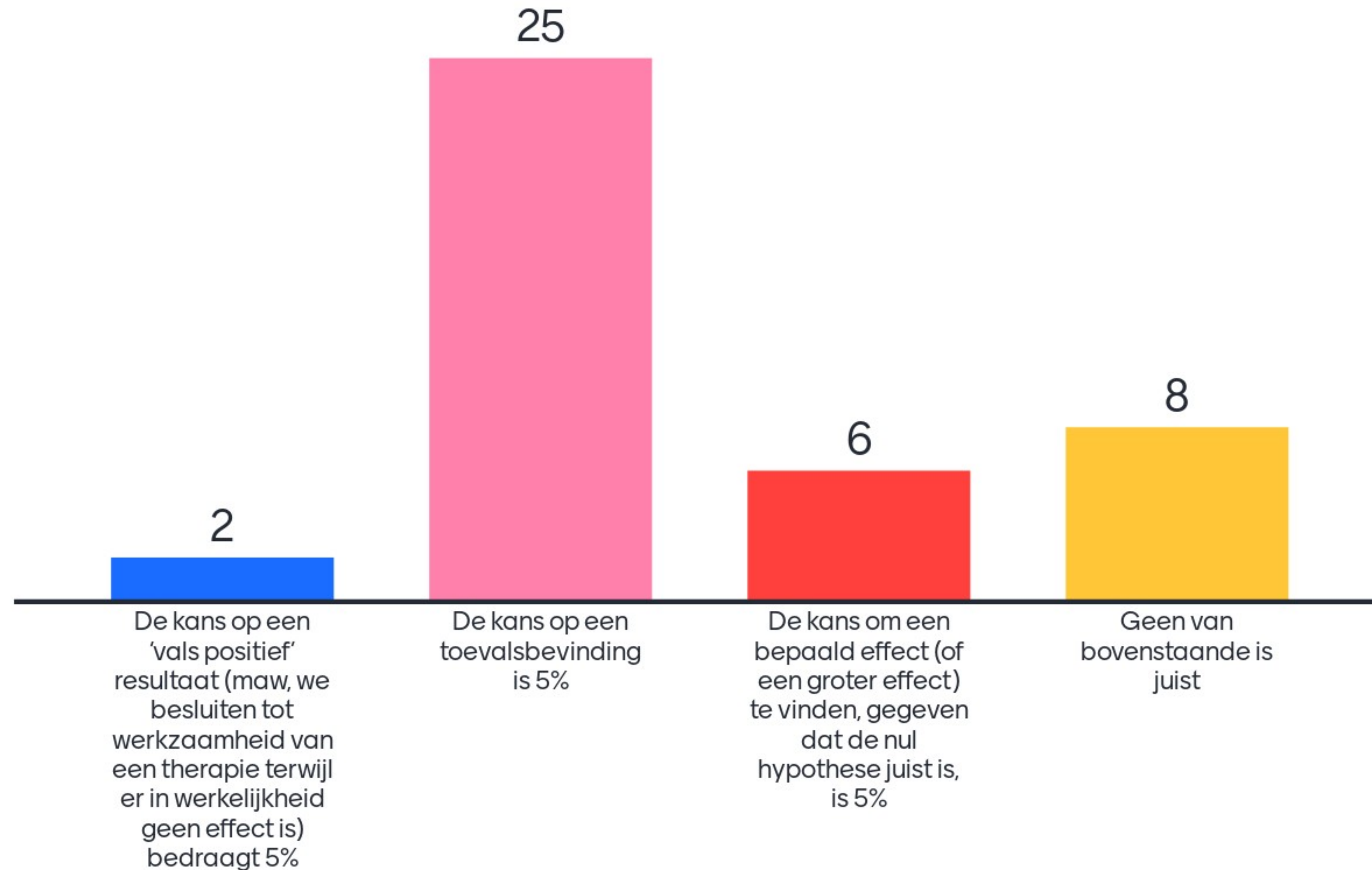


5- A 67-year-old woman presents with large-volume emesis secondary to a small bowel obstruction. In the past, she has had a total abdominal hysterectomy, a laparotomy with lysis of adhesions for a small bowel obstruction, and multiple hospital admissions for small bowel obstructions treated nonoperatively. Examination is benign except for abdominal distention. She has no leukocytosis, and her lactic acid level is normal. Initial appropriate management consists of which of the following?

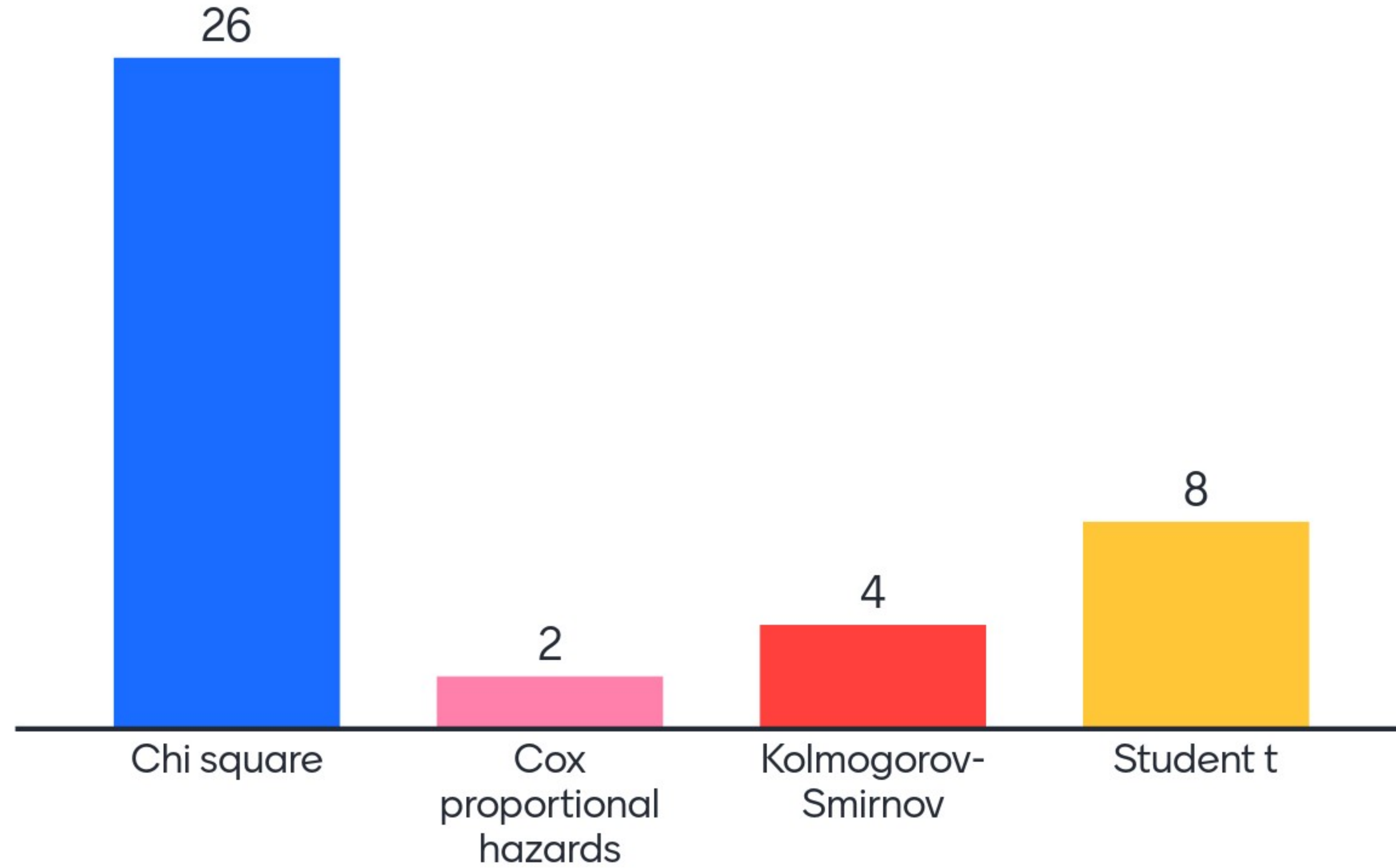
What is the correct answer?



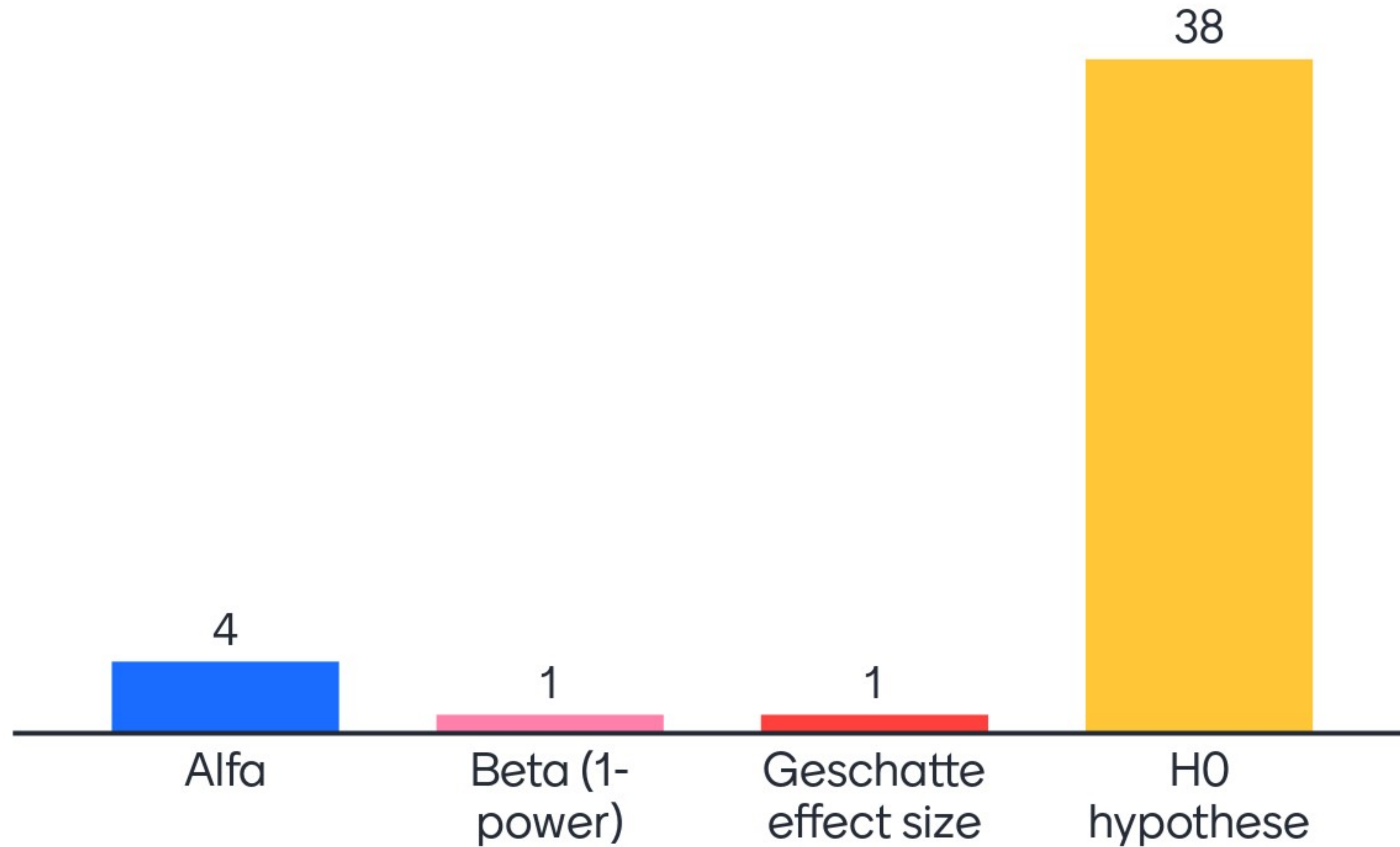
Een p waarde van 5% betekent:



De vaakst gebruikte techniek om te corrigeren voor confounders als de afhankelijke variabele van het type 'time to event' is, is:



De bepaling van de sample size van een RCT dient rekening te houden met alles behalve :



Intention to treat analyse is essentieel voor vermijden van welk soort bias (systematische fout)?

