

Fellows Endoscopy Quiz 2023



1. You scope a patient presenting with progressive dysphagia.





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1. What is your most likely diagnosis?

A. T3 AdenoCa oesophagus

B. T2 oesophageal SCC

C. T4b oesophageal SCC

D. T4 AdenoCa oesophagus



2. You scope a pt for an UGIB (Hb 5) and notice a fresh clot on a duodenal ulcer. Presently no active bleeding. What is your plan?

- A. IVI PPI's only**
- B. IVI PPI's, remove clot and deal with whatever is underneath**
- C. IVI PPI's and refer to surgeon on call**
- D. IVI PPI's and refer for angiogram and embolisation**

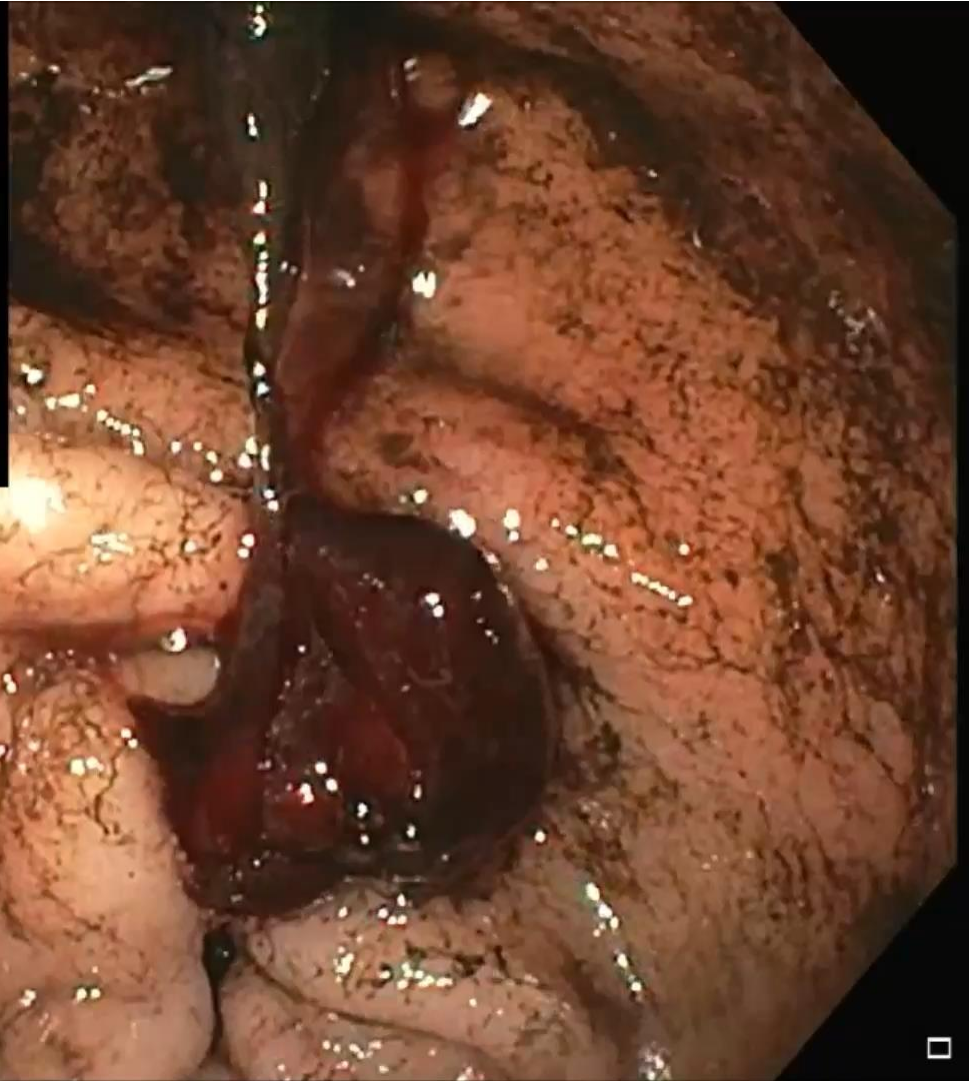


45Y, Male
55971073

High

Prospective: 1 fps

DR: Single



**3. Same ulcer with visible pulsating artery. You do not have Ovesco clips available.
What would you try instead?**

- A. Inject and apply haemoclips**
- B. Inject only**
- C. Inject and gold probe**



4. You scope a pt with a chronic cough and dysphagia.



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4. What investigations would you like next?

- A. CT chest and bronchoscopy**
- B. Manometry and Ba swallow**
- C. Ba swallow, CT, manometry**
- D. Bronchoscopy and CT**



4. You scope an UGIB. Patient is a heavy smoker and admits to NSAIDs.





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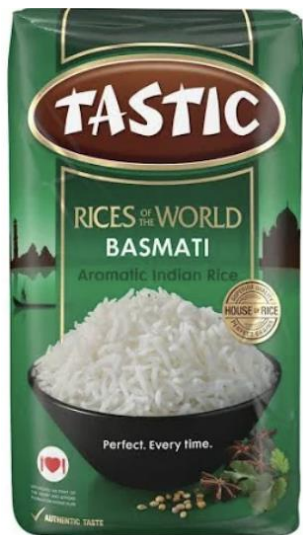
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**4. You scope an UGIB. Patient is a heavy smoker and admits to NSAIDs.
Your biopsies of the ulcer base come back as?**



4. You scope an UGIB. Patient is a heavy smoker and admits to NSAIDs.
What type of rice did he have for lunch?



A.



B.



C.



D.



5. What do you see on this oesophagoscopy and what are you expecting the cause to be?



Department of Surgery

University of Cape Town



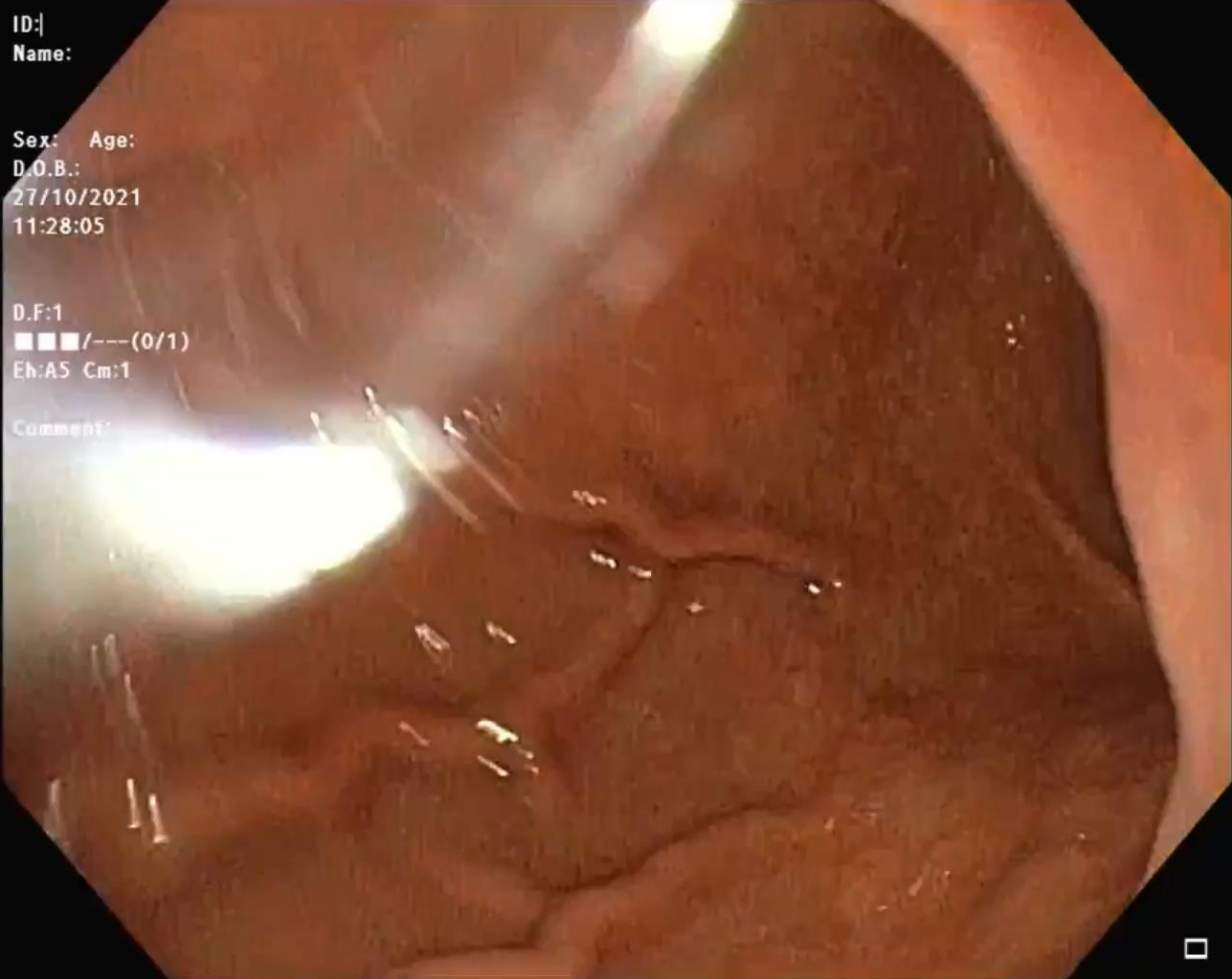
5. What do you see on this oesophagoscopy and what are you expecting the cause to be?

- A. Caustic ingestion with Grade B injury; manage conservatively**
- B. Grade D reflux oesophagitis from large hiatus hernia**
- C. Grade D reflux oesophagitis related to gastric outlet obstruction**
- D. Caustic ingestion with Grade C injury, refer for oesophagectomy**



6. A young lady is scoped for dyspepsia .





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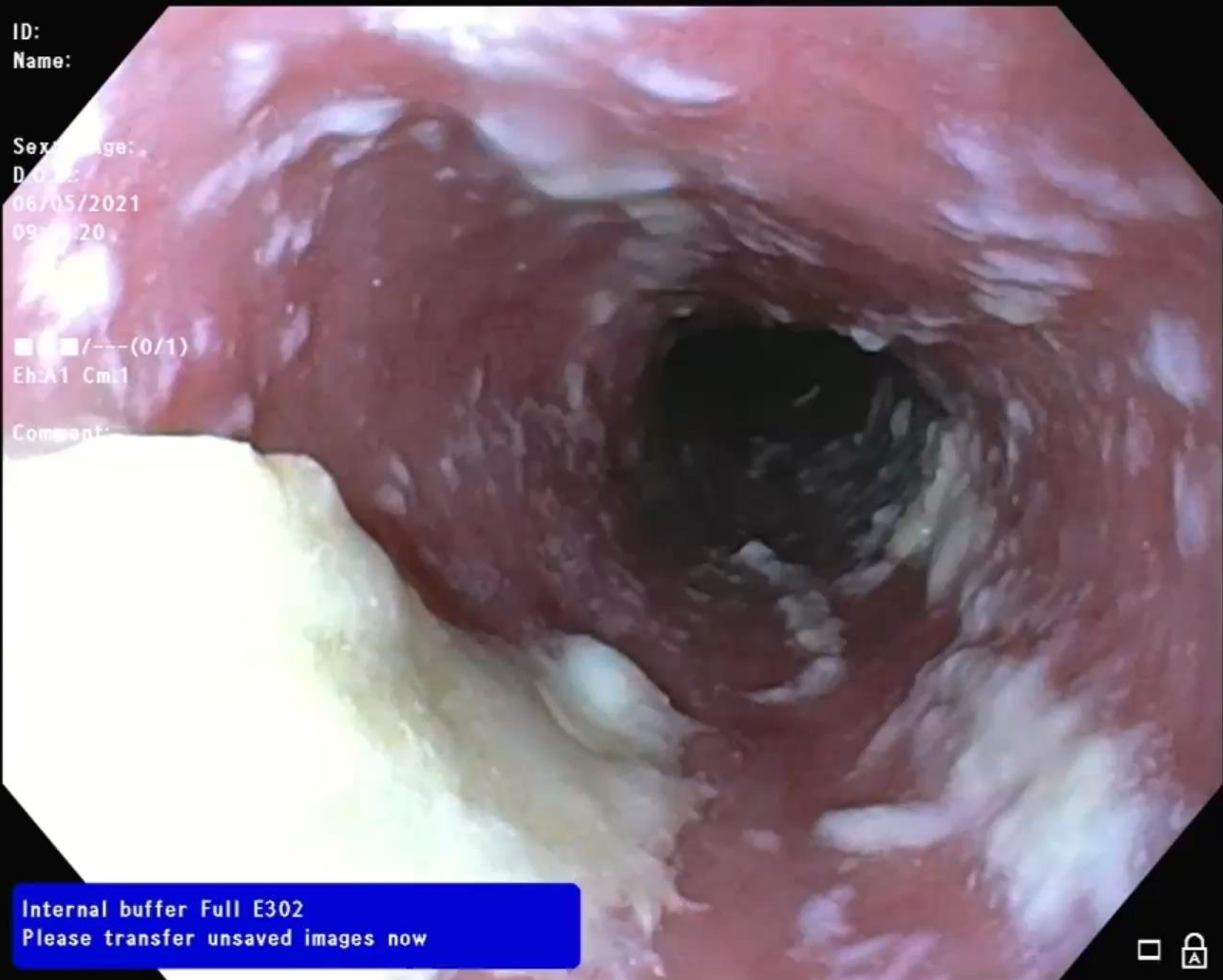
**6. A young lady is scoped for dyspepsia.
What are you seeing in the antrum?**

- A. Gastric GIST**
- B. Adenomatous polyp**
- C. Pancreatic remnant**
- D. Gastric lipoma**



7. 51 yr old gentleman being scoped for odynophagia.





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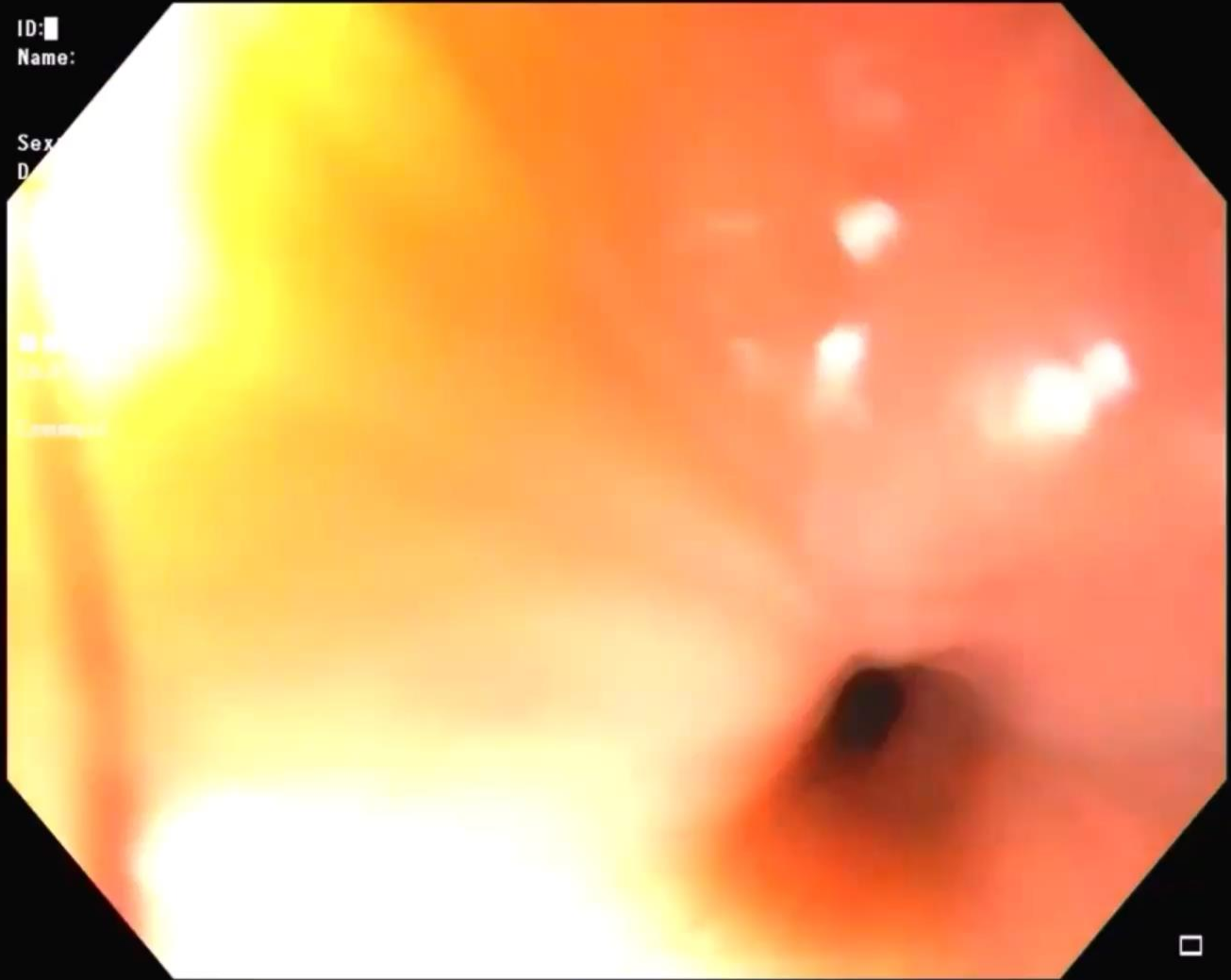
**7. 51 yr old gentleman being scoped for odynophagia.
What is your most likely diagnosis?**

- A. Candidiasis and idiopathic oesophageal ulcer**
- B. Candidiasis and CMV ulcer**
- C. Candidiasis and malignant oesophageal ulceration**



8. A 61 yr old pt is referred with significant LOW and dysphagia, tolerating only a soft liquid diet.





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8. A 61 yr old pt is referred with significant LOW and dysphagia, tolerating only a soft liquid diet.

**You notice and biopsy a large mid-oesophageal malignant appearing lesion.
What do you suspect the histology to be?**

- A. Oesophageal adenocarcinoma**
- B. Oesophageal squamous carcinoma**
- C. Oesophageal GIST**
- D. Oesophageal melanoma**

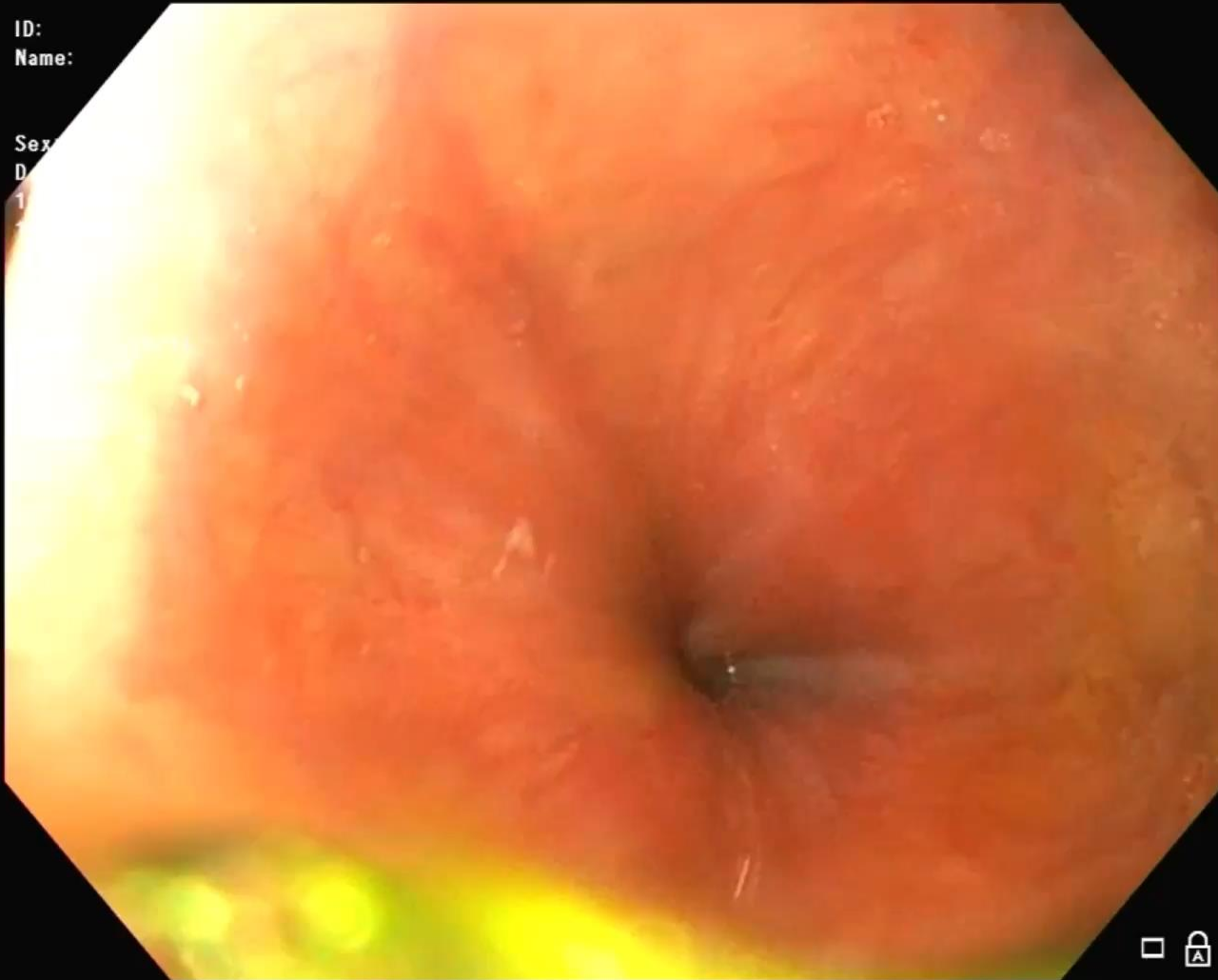


9. You are asked to repeat a scope for a lady of 32 yrs previously well, now with persistent vomiting and LOW. A scope by your colleague last Monday indicated no obstruction.



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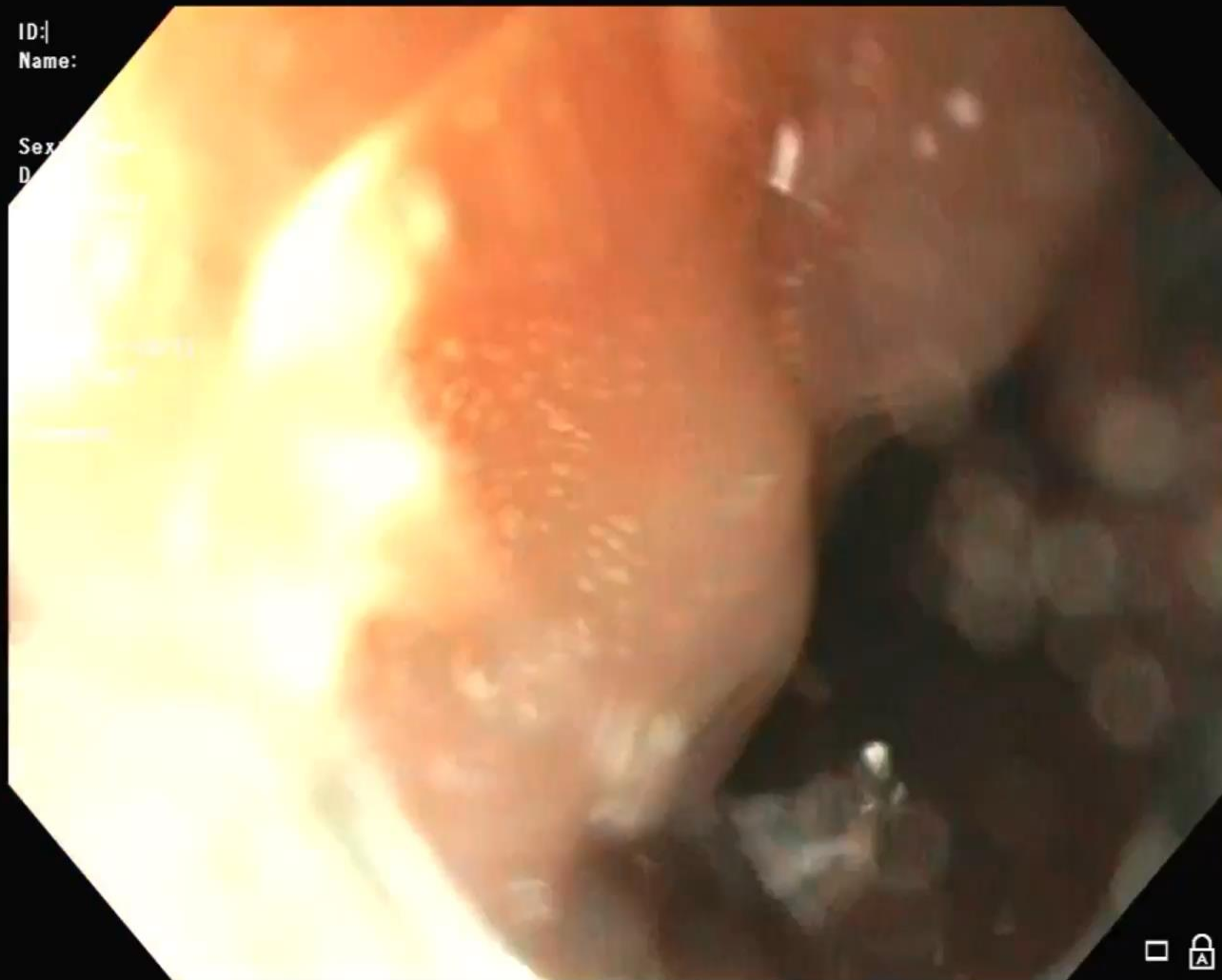
9. You are asked to repeat a scope for a lady of 32 yrs previously well, now with persistent vomiting and LOW. A scope by your colleague last Monday indicated no obstruction. What is your diagnosis?

- A. Normal scope**
- B. Linitis plastica**
- C. Severe pangastritis**
- D. Bile reflux**
- E. Antral extrinsic compression**



10. You are asked to take over a scope from a younger colleague who has been really struggling to scope a pt with early satiety and epigastric pain. Much to your embarrassment you too struggle considerably to reach the pylorus.





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10. You are asked to take over a scope from a younger colleague who has been really struggling to scope a pt with early satiety and epigastric pain. Much to your embarrassment you too struggle considerably to reach the pylorus. What is your diagnosis and which investigation will you ask for?

- A. Type 3 hiatus hernia. CT**
- B. Type 3 hiatus hernia with gastric volvulus. Barium swallow/meal**
- C. Type 4 hiatus hernia. CT**
- D. Type 4 hiatus hernia. Barium swallow/meal**



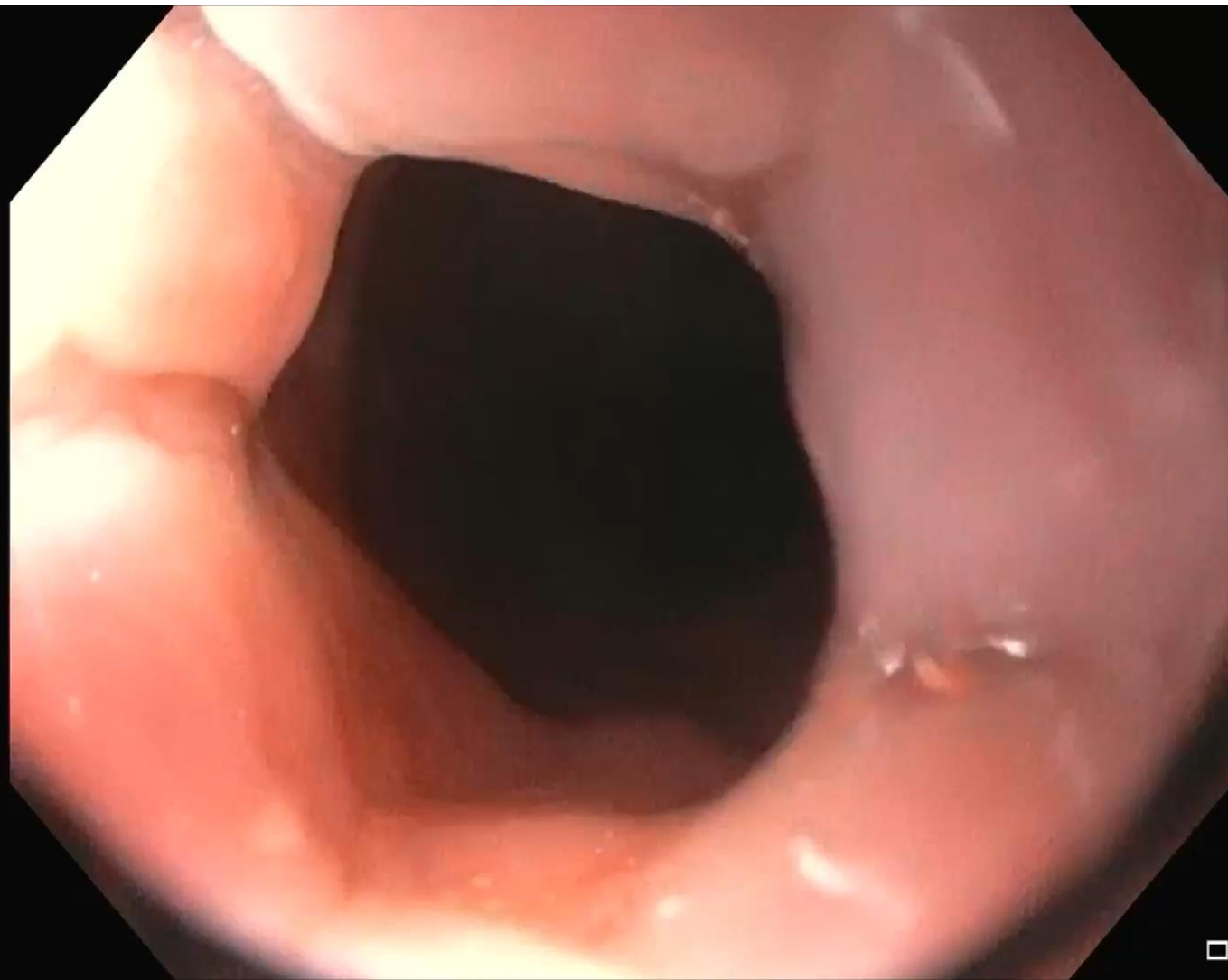
11. Oncology refers this known metastatic gastric Ca with clinical features of GOO for endoscopic treatment. What is your treatment plan?



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11. Oncology refers this known metastatic gastric Ca with clinical features of GOO for endoscopic treatment. What is your treatment plan?

- A. Endoscopic stent**
- B. Palliative chemoradiation**
- C. PEG**

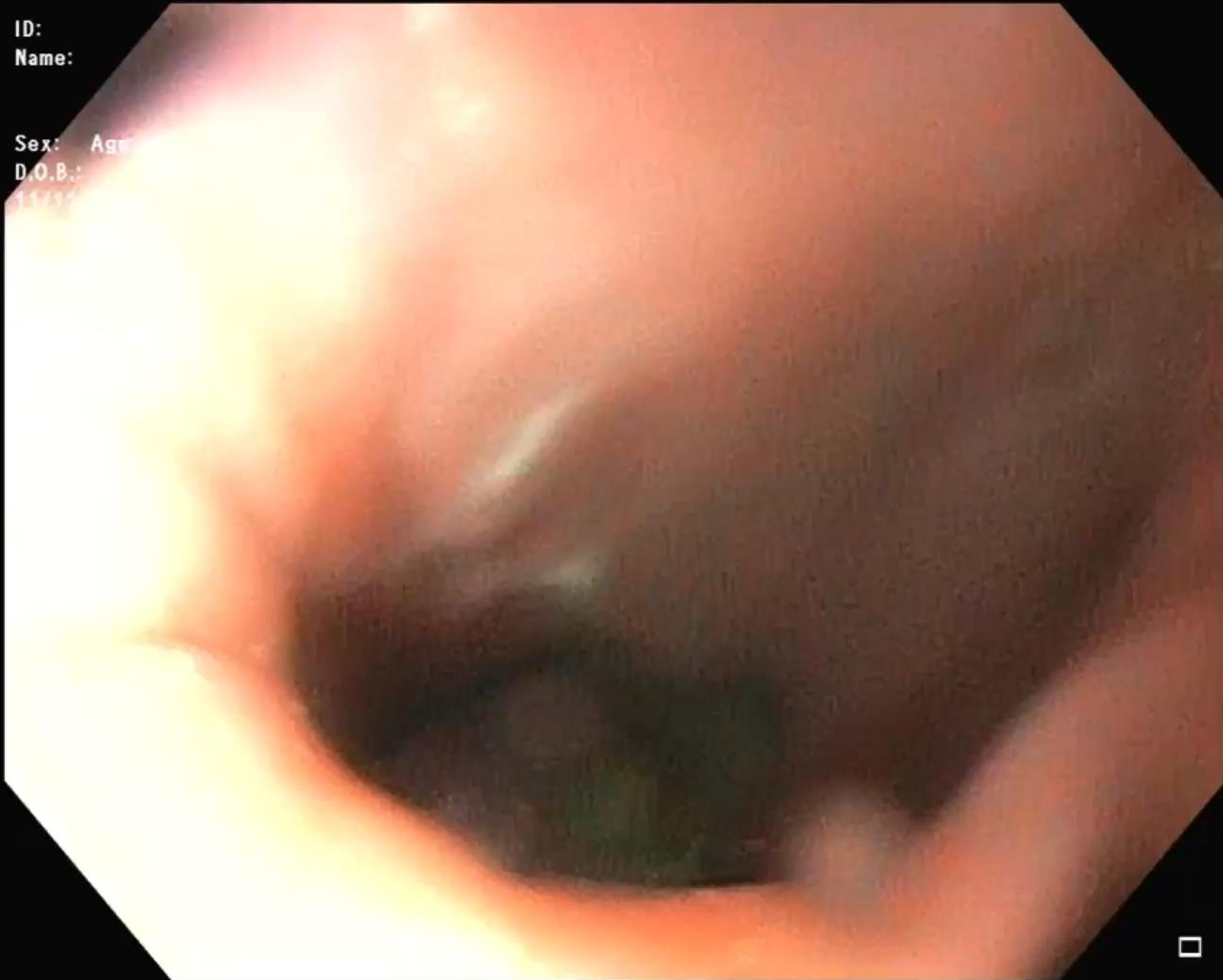


**12. You scope a pt for an UGIB and admire this ulcer.
What is the cause?**



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**12. You scope a pt for an UGIB and admire this ulcer.
What is the cause?**

- A. Malignant ulcer**
- B. NSAID induced ulcer**
- C. Antral caustic injury**



13. You scope a lady with a recent Hx of an UGIB and a long-standing complaint of intermittent abdominal pain relieved by vomiting. What is your diagnosis?

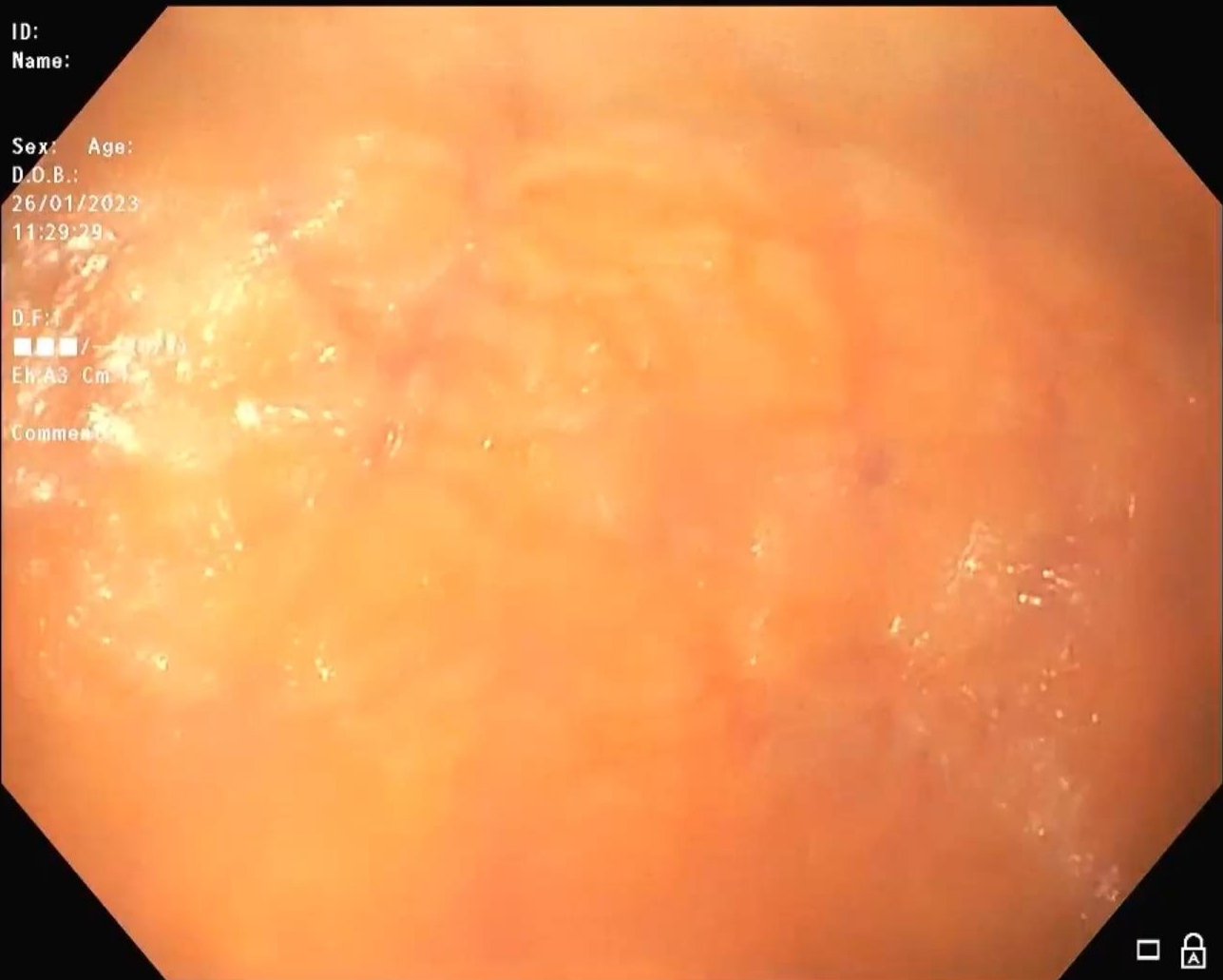


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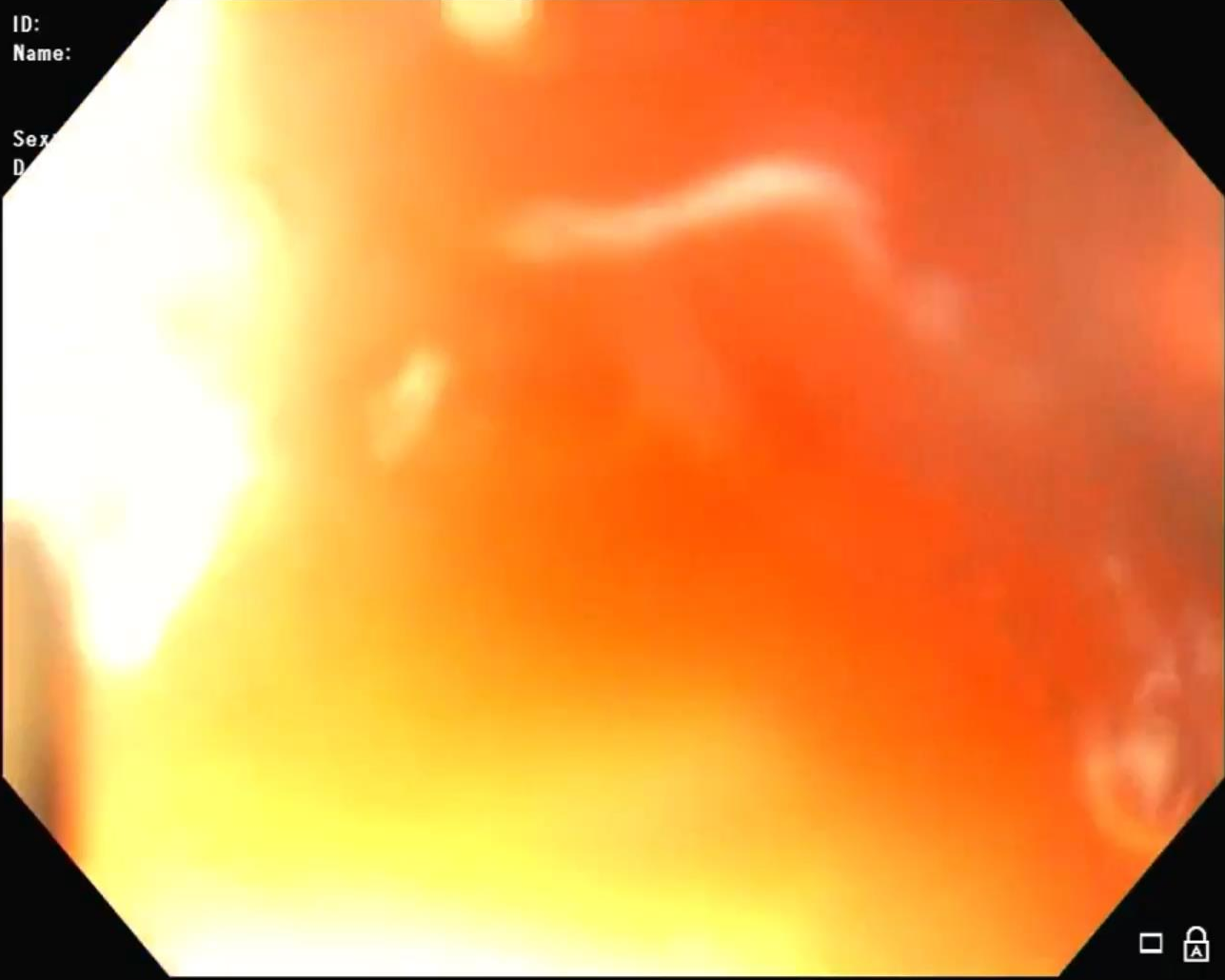
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**13. You scope a male colleague of 38 yrs with 3 episodes of bolus obstructions.
What is your diagnosis?**





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14. You scope a lady with a chronic iron def anaemia. What do you see here as a cause?

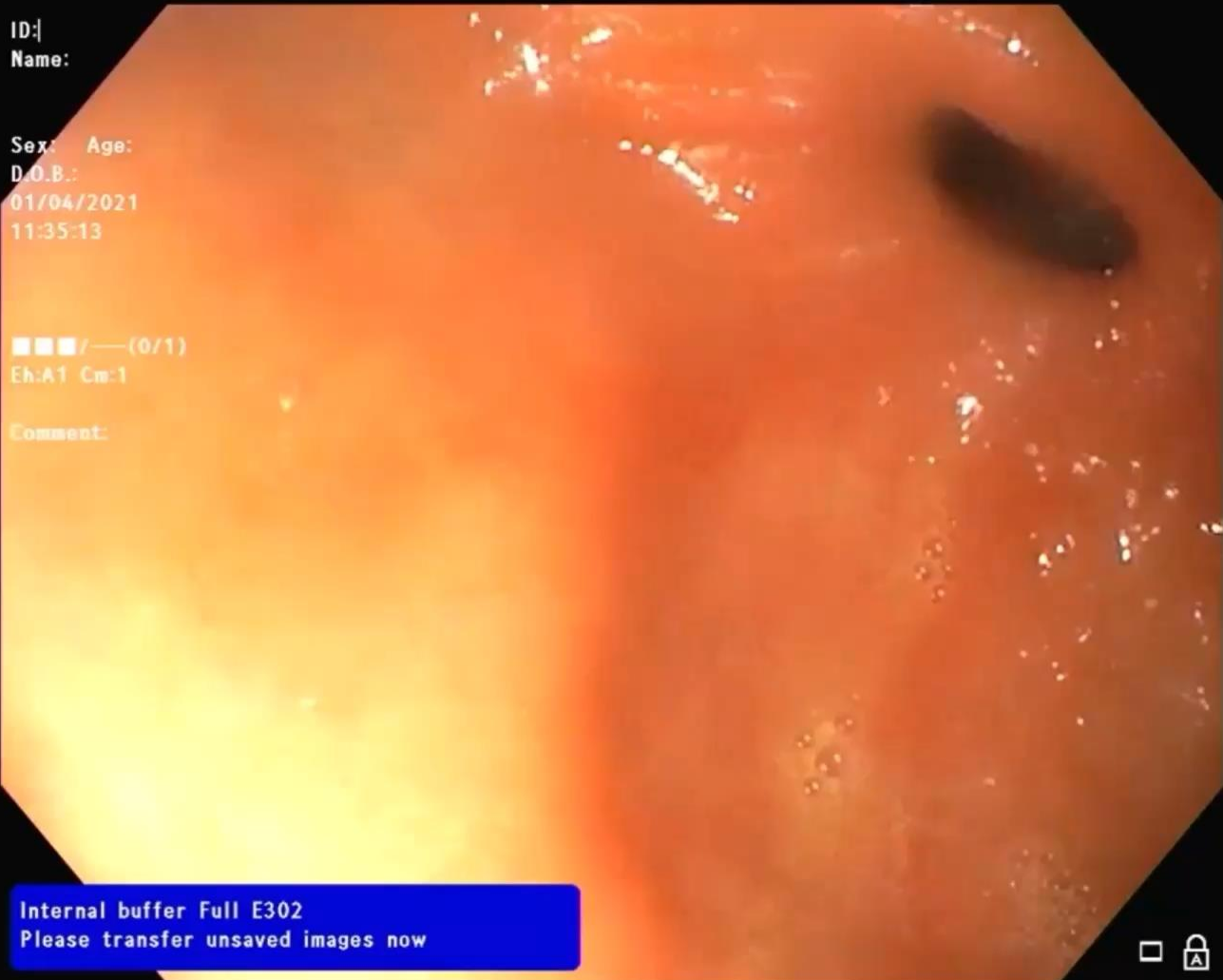


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14. You scope a lady with a chronic iron def anaemia. What do you see here as a cause?

- A. Pangastritis with erosions and sliding hiatus hernia**
- B. Watermelon stomach and sliding hiatus hernia**
- C. Cameron's lesion with sliding hiatus hernia**



15. What investigation do you want after viewing this duodenum?



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15. What investigation do you want after viewing this duodenum?

- A. CT abdomen**
- B. Colonoscopy**
- C. EUS duodenum**
- D. Spiral enteroscopy**



**15. What is the grading system called used for duodenal FAP?
What factors are included?**



16. Who should band these varices? You or the new registrar in your firm?

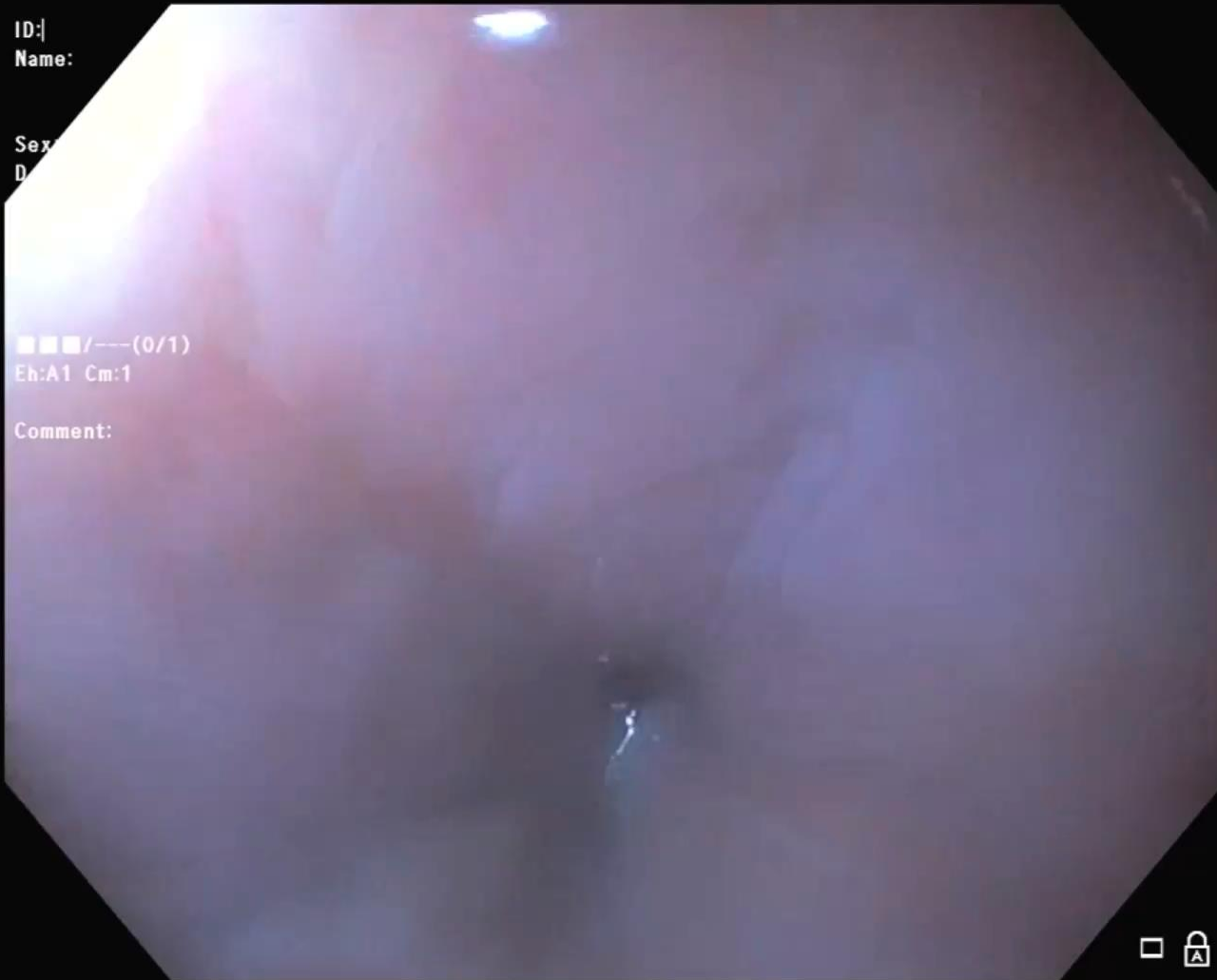


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16. Who should band these varices? You or the new registrar in your firm?

A. You

B. You are happy to teach banding - registrar

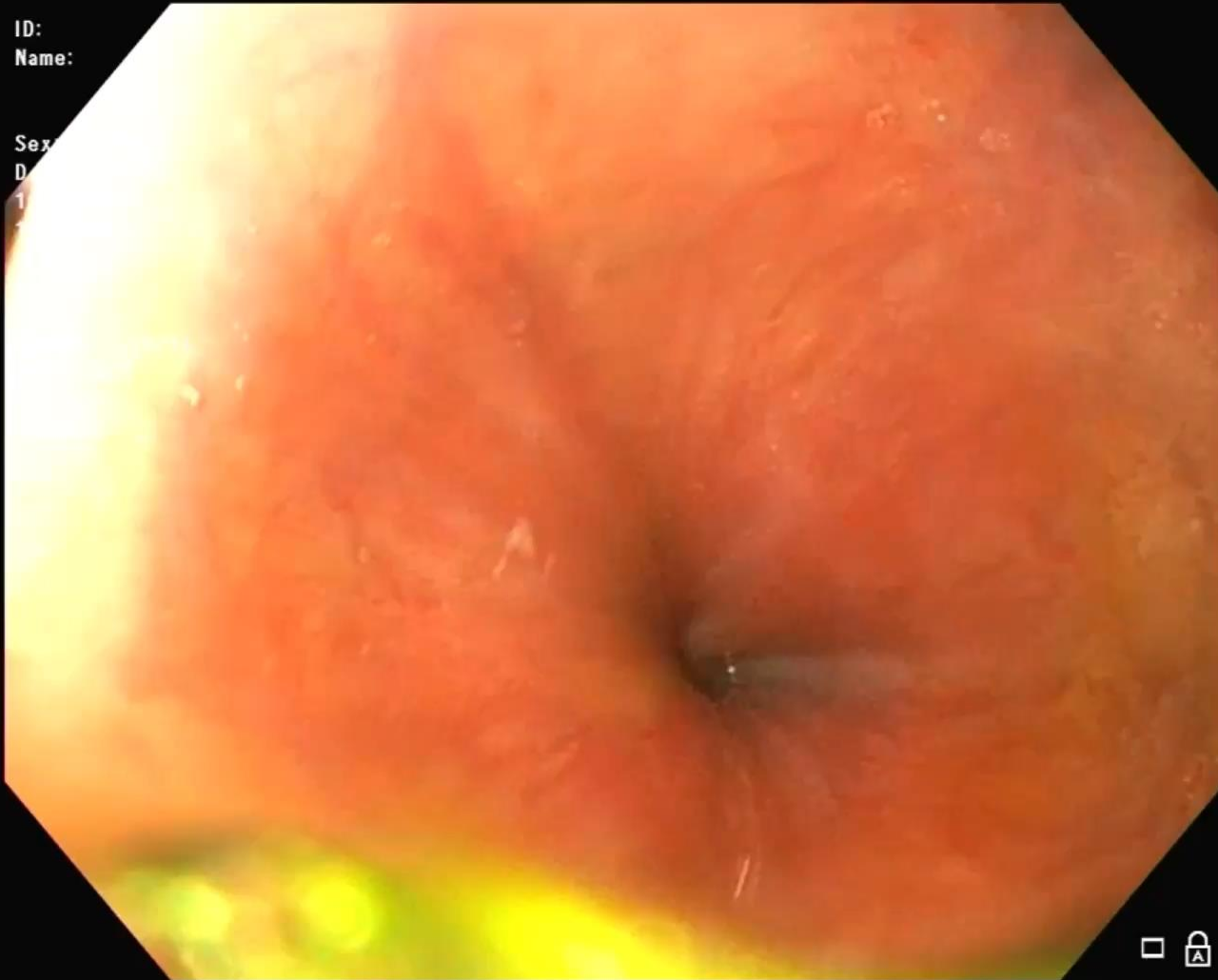


17. You rescope a pt with a previous diagnosis of gastritis. She remains very symptomatic after eradication and a month of PPIs. IDDM. Do you agree with the previous endoscopists diagnosis?



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**17. You rescope a pt with a previous diagnosis of gastritis. She remains very symptomatic after eradication and a month of PPIs. IDDM.
Do you agree with the previous endoscopists diagnosis? Plan?**

- A. Second line eradication and increase to BD PPI's**
- B. Increase PPI's to BD and stop smoking**
- C. Biopsies for histo and CT abdomen**
- D. Barium meal to exclude functional GOO related to her DM**



18. What do you want to do here?

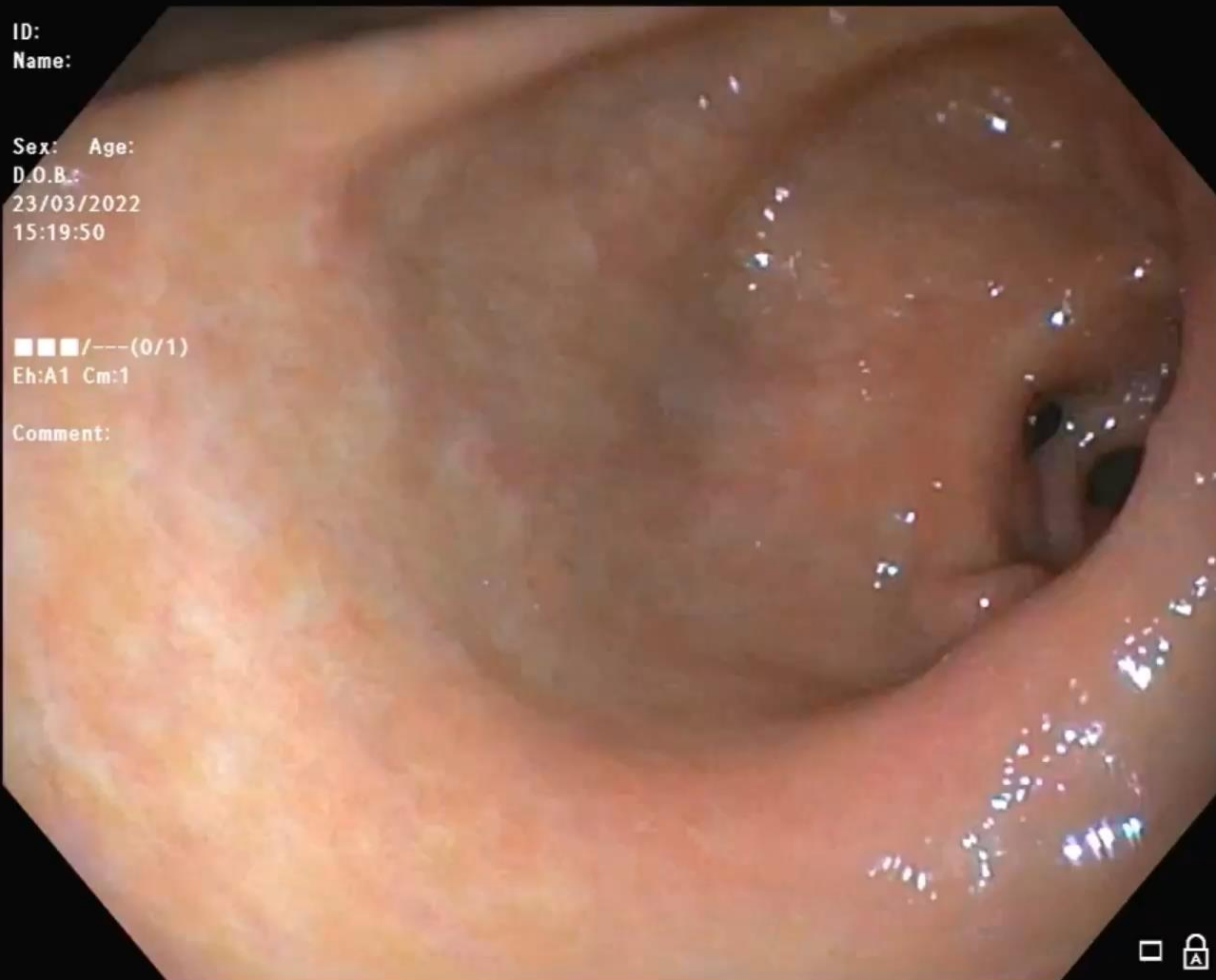


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18. What do you want to do here?

- A. Do nothing**
- B. Barium meal**
- C. PPI's**
- D. Diathermy through the mucosal band**



20. You scope a 63 yr old lady with a single episode of haematemesis?



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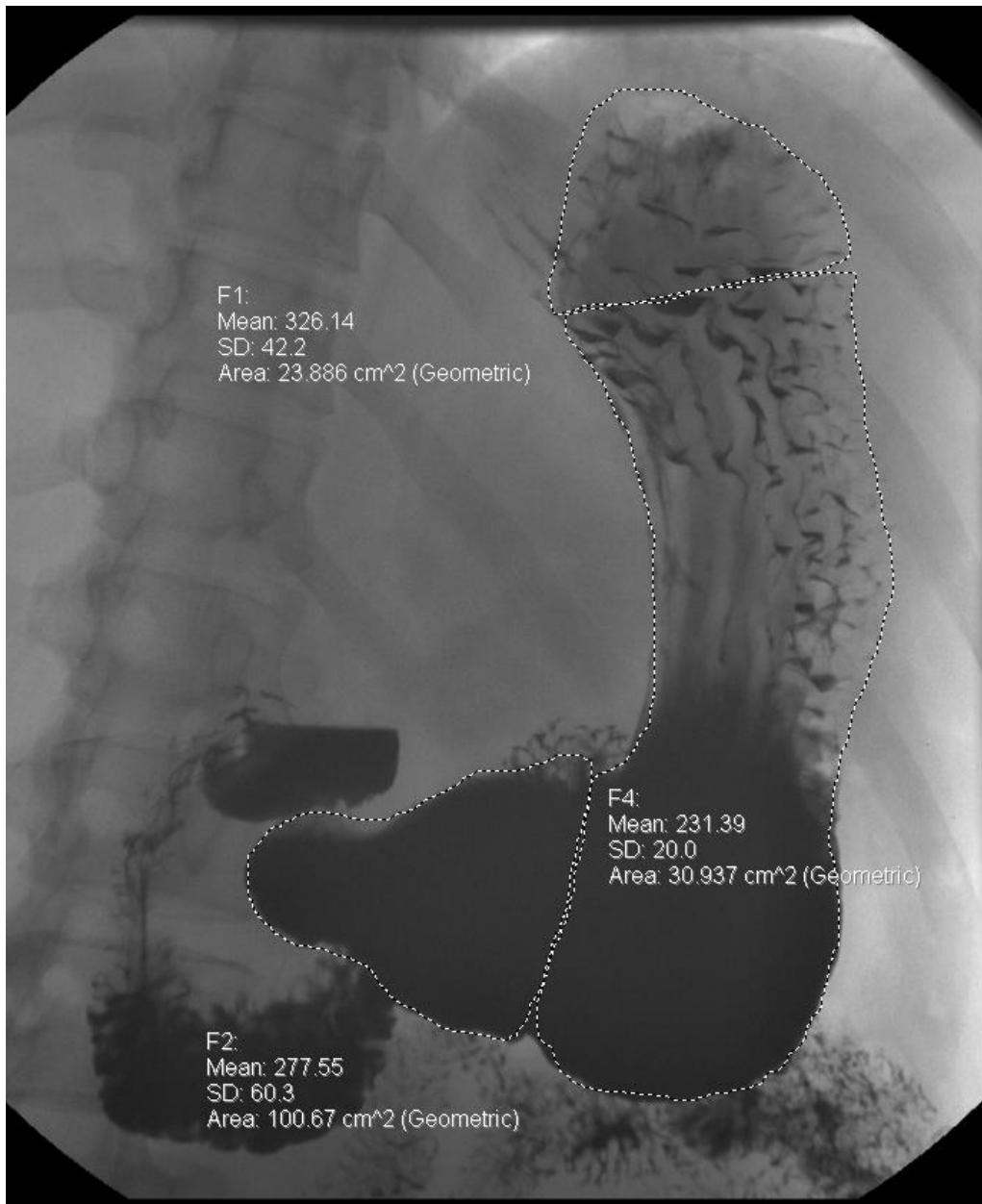


20. You scope a 63 yr old lady with a single episode of haematemesis?

GIST

What is the reason that the majority of gastric GISTs are positioned in the fundus?





21. When you see this specific ulcer, what are you going to ask your pt?



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21. When you see this specific ulcer, what are you going to ask your pt?

- A. Smoker?**
- B. Recreational drug user (Tik, heroin)?**
- C. Recent alcoholic binge with severe vomiting?**



22. What endoscopic procedure did this lady have some years back?



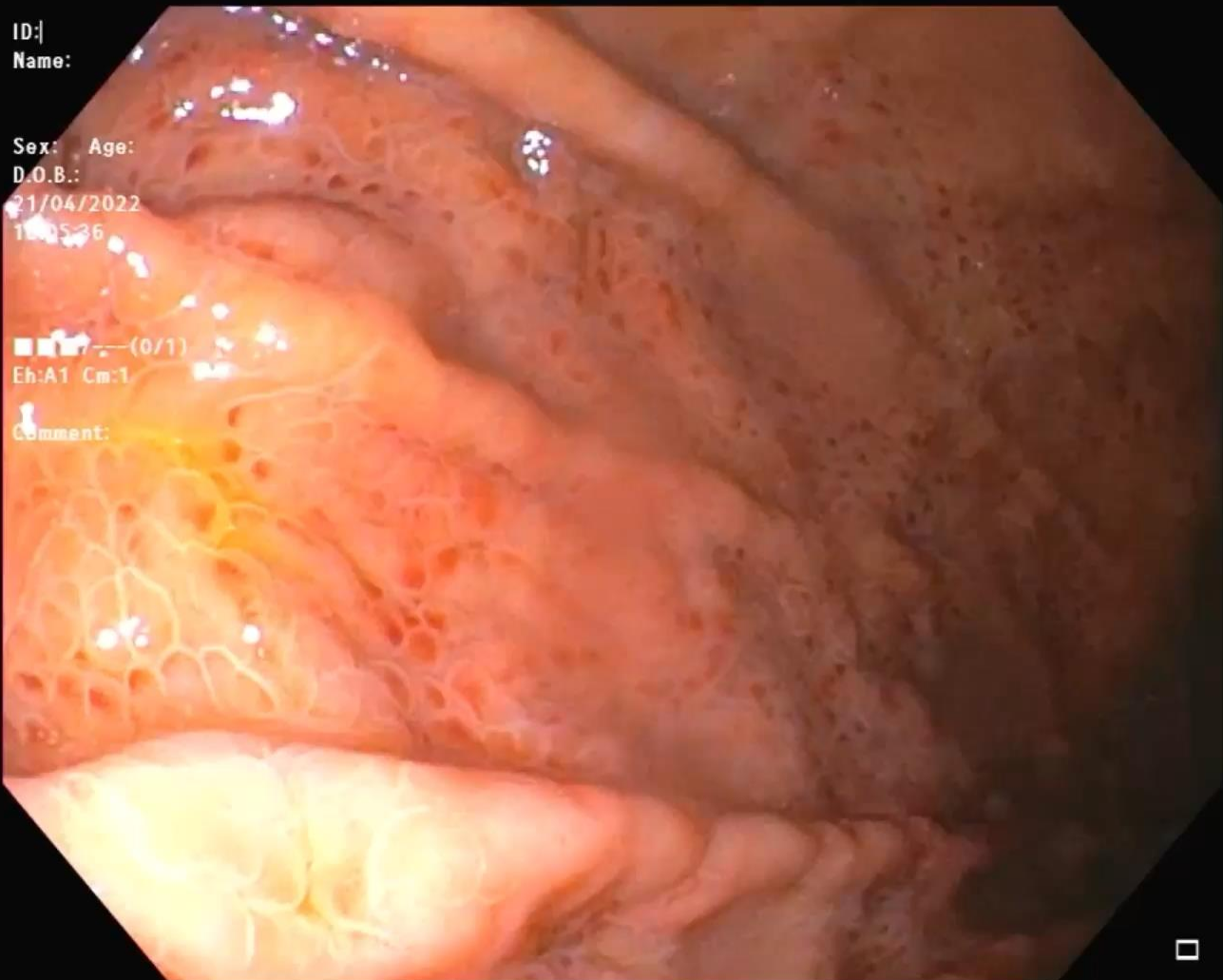
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23. Your plans following this scope?





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23. Your plans following this scope?

A. Phone Prof Spearman for an appt

B. Biopsy and PPIs

C. Treat empirically for H Pylori, PPIs

D. RUT, PPIs and phone Prof Spearman

