AMERICAN BOARD OF SURGERY IN-TRAINING EXAMINATION (ABSITE) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **What is the percentage of patients for whom dumping syndrome is unresponsive to dietary measures?**

   A. 1%

   B. 5%

   C. 10%

   D. 20%

2. **What is the most common liver tumor in pediatrics?**

   A. Hepatoblastoma

   B. Hepatocellular carcinoma

   C. Focal nodular hyperplasia

   D. Hemangioma

3. **What is the reason for performing a gastrojejunostomy rather than a stricturoplasty in Crohn's disease?**

   A. Stricturoplasty is more effective

   B. Resection requires a Whipple procedure

   C. Gastrojejunostomy is less invasive

   D. It offers a better long-term outcome

4. **In which patient population is splenectomy associated with significant risk due to thalassemia?**

   A. Adults over 60

   B. Children under 4

   C. Pregnant women

   D. Teens aged 13-18

5. **What is the role of Sunitinib in the management of GIST?**

   A. Treatment of low-grade tumors

   B. Second-line therapy for patients resistant to Gleevac

   C. First-line therapy in all cases

   D. Surgery alternative for low-risk patients

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6. If an abnormal fallopian tube is found during an appendectomy, what is the recommended course of action?

A. Resect the tube

B. Leave the tube alone and proceed with the appendectomy

C. Perform a hysterectomy

D. Drain the tube

7. Where does GIST most commonly metastasize?

A. Lymph nodes, liver, lungs

B. Peritoneum, liver, lungs

C. Bone, liver, kidneys

D. Brain, lungs, cardiovascular system

8. What is the first-line treatment for GIST, and what type of surgery is typically performed if needed?

A. Chemotherapy with surgery; anatomical resection

B. Surgery with wedging technique; minimal margins required

C. Radiation with surgery; wide resection

D. Targeted therapy only; no surgery needed

9. What is the primary difference between decorticate and decerebrate posture?

A. Decerebrate is flexion; decorticate is in extension

B. Decorticate is flexion; decerebrate is in extension

C. Both are flexion, but decerebrate is less severe

D. Decerebrate involves both arms flexed; decorticate is all limbs extended

10. What condition results from an injury to the common peroneal nerve?

A. Foot drop with diminished dorsiflexion of the ankle

B. Foot inversion and plantar flexion

C. Loss of sensation in the plantar surface

D. Inability to flex the knee

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Answers

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1. A
2. A
3. B
4. B
5. B
6. B
7. B
8. B
9. B
10. A

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Explanations

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1. What is the percentage of patients for whom dumping syndrome is unresponsive to dietary measures?

A. 1%

B. 5%

C. 10%

D. 20%

Dumping syndrome is a condition that typically occurs after gastric surgery, particularly procedures that alter the normal function of the stomach like gastrectomy or gastric bypass. It is characterized by rapid gastric emptying that leads to symptoms such as abdominal cramps, diarrhea, and palpitations shortly after eating. Dietary measures are the primary approach to managing dumping syndrome and often include changes such as eating smaller, more frequent meals, avoiding high-sugar foods, and increasing protein and fiber intake. However, for a subset of patients, dietary modifications are not sufficient to alleviate their symptoms. The correct percentage of patients for whom dumping syndrome is unresponsive to these dietary measures is roughly 1%. This indicates that while dietary interventions are effective for the majority of patients, there is a small group for whom symptoms persist despite these changes, highlighting the variability in individual responses to treatment. This may necessitate further interventions, such as pharmacological management or surgical options, to help address the ongoing symptoms. Understanding this statistic is crucial for clinicians as it emphasizes the importance of reevaluating patients who continue to experience significant symptoms after implementing lifestyle and dietary modifications and recognizing that a portion may require more intensive management strategies.

2. What is the most common liver tumor in pediatrics?

A. Hepatoblastoma

B. Hepatocellular carcinoma

C. Focal nodular hyperplasia

D. Hemangioma

Hepatoblastoma is recognized as the most common primary liver tumor found in pediatric patients. This tumor typically occurs in children under the age of 3 and is embryonic in origin, arising from hepatocytes in the liver. Its incidence peaks around the age of 1, and it is associated with certain genetic conditions, including Beckwith-Wiedemann syndrome and familial adenomatous polyposis. The prognosis for hepatoblastoma can be favorable, especially with early detection and appropriate surgical intervention, although the treatment often involves a combination of surgery and chemotherapy. Hepatoblastoma accounts for the majority of liver tumors in children, which is significant in differentiating it from other liver tumors that are more commonly found in adults. In contrast, while hepatocellular carcinoma can occur in children, it is much less common than hepatoblastoma and typically arises in older children and adolescents, often associated with underlying liver disease or chronic hepatitis. Focal nodular hyperplasia is a benign tumor that is also rare in children and mostly seen in adults. Hemangiomas, while they can be found in pediatric patients and are the most common benign liver tumors, are usually asymptomatic and often do not require intervention, making them less significant compared to the aggressive nature and

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3. What is the reason for performing a gastrojejunostomy rather than a stricturoplasty in Crohn's disease?

A. Stricturoplasty is more effective

B. Resection requires a Whipple procedure

C. Gastrojejunostomy is less invasive

D. It offers a better long-term outcome

In the context of Crohn's disease, deciding between surgical options requires careful consideration of the underlying pathology and the nature of the disease. Gastrojejunostomy may be performed in situations where there is significant stricture or obstruction, especially if it occurs in the proximal small bowel. The misconception in this answer stems from associating gastrojejunostomy with the need for a Whipple procedure. A gastrojejunostomy involves creating a connection between the stomach and jejunum to bypass a diseased segment of the small intestine, thereby alleviating obstruction and allowing for continued passage of food. It's important to recognize that this procedure can be valuable for managing complications in Crohn's disease, particularly when stricturoplasty—where the narrowed segment is simply widened—might not be suitable due to the extent or location of the disease. In Crohn's disease, if the lesion involves the upper gastrointestinal tract or if there are multiple strictures, a bypass procedure like gastrojejunostomy could be the preferred choice over more invasive options or less effective ones. While a Whipple procedure is specific to pancreatic conditions, in Crohn's disease, the need to avoid further complications from extensive resections and the associated risk of short bowel syndrome makes gastro

4. In which patient population is splenectomy associated with significant risk due to thalassemia?

A. Adults over 60

B. Children under 4

C. Pregnant women

D. Teens aged 13-18

Children under 4 are at significant risk when undergoing splenectomy due to the effects of thalassemia. Thalassemia, a blood disorder affecting hemoglobin production, can lead to increased susceptibility to infections, particularly from encapsulated organisms due to functional asplenia or hyposplenism. The spleen plays a vital role in filtering bacteria from the bloodstream and mounting an immune response against infections. In young children, particularly those under four years old, the immune system is still developing, and they are generally more vulnerable to infections. Splenectomy in this age group can greatly diminish their ability to combat infections, which is a significant concern. The risk of severe infections, particularly from encapsulated organisms like Streptococcus pneumoniae and Haemophilus influenzae, increases considerably after the loss of splenic function, especially in a population already compromised by thalassemia. The other age groups, such as adults over 60, pregnant women, and teens aged 13-18, present varying levels of risk, but the very young population is uniquely susceptible due to their immature immune systems and the critical role the spleen plays in protecting against infections early in development. Therefore, splenectomy in children under 4 years old with

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5. What is the role of Sunitinib in the management of GIST?

A. Treatment of low-grade tumors

B. Second-line therapy for patients resistant to Gleevac

C. First-line therapy in all cases

D. Surgery alternative for low-risk patients

Sunitinib is a tyrosine kinase inhibitor that plays a crucial role in the management of gastrointestinal stromal tumors (GIST), particularly as a second-line therapy. It is used in patients who show resistance or intolerance to imatinib (Gleevac), which is the standard first-line treatment for GIST. When imatinib fails, either due to disease progression or the development of secondary mutations in the PDGFRA or KIT genes, sunitinib is an effective option to consider. Studies have shown that sunitinib can be beneficial in prolonging progression-free survival in imatinib-resistant cases. The approval of sunitinib for this indication highlights its role as an important alternative therapy when standard treatment is no longer effective. In contrast, using sunitinib as first-line therapy for all cases is not supported by current guidelines, as imatinib remains the preferred initial treatment. Additionally, sunitinib does not serve as a surgical alternative for low-risk patients, who are typically managed with surgery alone if feasible and do not necessarily need systemic therapy. Therefore, the distinction as a second-line therapy aligns with clinical practices and evidence-based guidelines in the management of GISTs.

6. If an abnormal fallopian tube is found during an appendectomy, what is the recommended course of action?

A. Resect the tube

B. Leave the tube alone and proceed with the appendectomy

C. Perform a hysterectomy

D. Drain the tube

When an abnormal fallopian tube is discovered during an appendectomy, the recommended approach is to leave the tube alone and continue with the appendectomy. This recommendation is grounded in the principle of managing the surgery's primary indication without unnecessarily complicating the procedure. The presence of an abnormal fallopian tube might suggest a condition such as an ectopic pregnancy, hydrosalpinx, or other conditions, yet it is generally not the focus of the operation. If the appendicitis or appendectomy is the primary issue being addressed, diverting attention to the fallopian tube can introduce significant surgical risk, including increased operative time and potential complications. Resecting the tube, performing a hysterectomy, or simply draining it would typically be unnecessary unless there are severe findings that necessitate immediate intervention. Such operations would not only prolong the procedure but may not be warranted if the tube is not actively causing distress or disease manifestation at that moment. The optimal course of action is to complete the appendectomy and address the fallopian tube in a separate gynecological intervention if warranted later.

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7. Where does GIST most commonly metastasize?

A. Lymph nodes, liver, lungs

B. Peritoneum, liver, lungs

C. Bone, liver, kidneys

D. Brain, lungs, cardiovascular system

Gastrointestinal stromal tumors (GISTs) are a type of tumor that typically arise from the interstitial cells of Cajal or precursor cells in the gastrointestinal tract. When considering the metastatic pattern of GISTs, they predominantly spread to the peritoneum, liver, and lungs. The liver is a common site for metastasis due to the rich blood supply and proximity to the gastrointestinal tract, where GISTs originate. The peritoneum is also frequently involved because GISTs can disseminate seeding throughout the abdominal cavity, creating multiple metastatic implants. Additionally, while lung metastases are less common than liver and peritoneal involvement, they can still occur as GISTs advance. The other options present various combinations of metastatic sites, but none match the frequency and clinical commonality associated with GIST metastases. Understanding these patterns is essential for predicting the behavior of the tumor and planning appropriate management strategies.

8. What is the first-line treatment for GIST, and what type of surgery is typically performed if needed?

A. Chemotherapy with surgery; anatomical resection

B. Surgery with wedging technique; minimal margins required

C. Radiation with surgery; wide resection

D. Targeted therapy only; no surgery needed

The first-line treatment for gastrointestinal stromal tumors (GISTs) is surgical resection, and the type of surgery performed typically involves an anatomical resection when feasible. GISTs are known to express the CD117 protein and are often driven by mutations in the KIT gene, which play a significant role in their biology. Surgical intervention is decisive, as GISTs may not respond well to conventional chemotherapy or radiation therapy, and these modalities are not typically part of the standard management for localized disease. In the case of larger or more complex tumors, a wedging technique may be used to achieve adequate removal of the tumor while preserving as much surrounding healthy tissue as possible. This technique allows for adequate resection of the tumor along with a margin of healthy tissue to decrease the chances of recurrence, even though the optimal margins may vary. In instances where the tumor cannot be completely resected or if surgical resection is not an option, then targeted therapy, specifically imatinib, becomes the primary treatment pathway. However, if surgical resection is deemed appropriate, it is performed to achieve a definitive cure where possible. Thus, the consideration of surgical options and techniques is central to the management of GISTs, emphasizing the critical role of

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9. What is the primary difference between decorticate and decerebrate posture?

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D. Decerebrate involves both arms flexed; decorticate is all limbs extended

The distinction between decorticate and decerebrate postures is primarily based on the positioning of the limbs in response to various stimuli and reflects different levels of neurological impairment. Decorticate posture involves an abnormal flexion response. In this condition, both arms are flexed at the elbows with the hands brought close to the body, while the legs are extended. This posture is indicative of damage to the areas of the brain above the midbrain, particularly the corticospinal pathways. It typically suggests some degree of preserved function in the brain's upper regions, particularly relating to arm movement. In contrast, decerebrate posture is characterized by an extension response. In this posture, the arms are extended at the sides and the legs are extended as well, usually with the feet plantar-flexed. This pattern arises from severe brain damage, particularly involving the brainstem where the pathways that control muscle tone are severely disrupted. This posture indicates more significant injury than decorticate posture and suggests loss of brain function at a deeper level. Understanding these postures is crucial in clinical settings, as the type of posture can provide insights into the severity and location of neurological damage in patients.

10. What condition results from an injury to the common peroneal nerve?

A. Foot drop with diminished dorsiflexion of the ankle

B. Foot inversion and plantar flexion

C. Loss of sensation in the plantar surface

D. Inability to flex the knee

The common peroneal nerve is crucial for controlling movements at the ankle and providing sensation to parts of the lower leg and foot. An injury to this nerve typically results in foot drop, which is characterized by a significant weakness in ankle dorsiflexion. This means the person will struggle to lift the front of the foot during activities like walking, leading to a characteristic dragging of the toes and a tendency to trip. In addition to foot drop, individuals may also experience diminished sensation over the dorsum of the foot and the lateral aspect of the lower leg due to the involvement of sensory branches of the common peroneal nerve. This condition clearly illustrates the specific functional loss associated with an injury to this nerve. The other options describe symptoms that are not typical for a common peroneal nerve injury; for example, foot inversion and plantar flexion would suggest a problem with the tibial nerve or anterior compartment muscles, while loss of sensation in the plantar surface pertains to the tibial nerve as well. The inability to flex the knee generally indicates issues with the femoral or sciatic nerve, which are not involved in common peroneal nerve injury. Hence, the scenario depicted in the question aligns directly with the correct outcome of a common peroneal nerve

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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