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.

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!

Questions

1. Which type of groin hernia is most commonly found in women?

A. Femoral hernia

B. Inguinal hernia

C. Umbilical hernia

D. Epigastric hernia

2. What syndrome is characterized by autosomal dominant inheritance and a primary feature of right-sided colon cancers without polyposis?

A. Lynch syndrome

B. Familial adenomatous polyposis

C. Gardner syndrome

D. Peutz-Jeghers syndrome

3. What percentage of all gastrointestinal malignancies does GIST comprise?

A. 10-15%

B. 1-3%

C. 5-10%

D. 20-25%

4. What is the general follow-up recommendation for patients with Lobular Carcinoma In Situ (LCIS) who choose not to undergo surgical resection?

A. Annual MRI screenings

B. Regular mammography with careful follow-up

C. Weekly clinical breast exams

D. Immediate initiation of chemotherapy

5. What are the four boundaries of the femoral canal?

A. Inguinal ligament, lacunar ligament, femoral vein, iliacus and psoas tendons

B. Inguinal ligament, pelvic bone, femoral artery, iliacus muscle

C. Femoral vein, great saphenous vein, inguinal ligament, pectineus muscle

D. Superior pubic ramus, inguinal ligament, femoral nerve, rectus abdominis

6. What additional treatment might be required for steroid-resistant cases of ITP?

A. Increased steroid dosage

B. Splenectomy

C. Bone marrow transplant

D. Immunosuppressants

7. How does the location of Hodgkin's disease affect its staging?

A. Above the diaphragm indicates Stage III or IV

B. Below the diaphragm indicates Stage I or II

C. Above the diaphragm indicates Stage I or II

D. Stage varies regardless of location

8. Which of the following is NOT a benign proliferative breast lesion associated with increased risk of cancer?

A. Atypical ductal hyperplasia

B. Lobular carcinoma in situ (LCIS)

C. Ductal carcinoma in situ (DCIS)

D. Atypical lobular hyperplasia

9. What are two surgical options for treating 4 gland parathyroid hyperplasia?

A. 3.5 gland resection and radioactive iodine therapy

B. 4 gland resection and forearm re-implant

C. Thyroidectomy and parathyroidectomy

D. Laparoscopic resection and monitoring

10. Which tumor is most commonly associated with catecholamine-secreting tumors in children?

A. Pheochromocytoma

B. Neuroblastoma

C. Medulloblastoma

D. Teratoma

Answers

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

Explanations

1. Which type of groin hernia is most commonly found in women?

A. Femoral hernia

B. Inguinal hernia

C. Umbilical hernia

D. Epigastric hernia

The correct answer is that the inguinal hernia is the most commonly found type of groin hernia in women, although it is more prevalent in men overall. Inguinal hernias occur when abdominal contents protrude through a weakness in the inguinal canal, which is a passage in the lower abdominal wall. While inguinal hernias make up a significant portion of hernia cases in both sexes, they do occur in women, often due to the same anatomical considerations as in men. It's important to note that while femoral hernias are indeed more common in women than men, particularly in older women, inguinal hernias still represent a substantial category of inguinal pathologies in the female population. Femoral hernias arise below the inguinal ligament and are known for a higher risk of incarceration and strangulation; however, the question specifically pertains to types of groin hernias, where inguinal hernias remain a more consistent finding among women. Umbilical and epigastric hernias are types of abdominal wall hernias and are not classified as groin hernias. Their occurrence is not limited to the groin area, making them less relevant to this specific question about groin her

2. What syndrome is characterized by autosomal dominant inheritance and a primary feature of right-sided colon cancers without polyposis?

A. Lynch syndrome

B. Familial adenomatous polyposis

C. Gardner syndrome

D. Peutz-Jeghers syndrome

The correct response highlights Lynch syndrome, also known as hereditary nonpolyposis colorectal cancer (HNPCC). This condition is characterized by an autosomal dominant inheritance pattern and is primarily associated with an increased risk of developing right-sided colon cancers. Patients with Lynch syndrome typically do not exhibit the extensive colonic polyps seen in other hereditary syndromes, which distinguishes it from conditions like familial adenomatous polyposis (FAP) and Gardner syndrome. Lynch syndrome arises from mutations in mismatch repair genes, leading to microsatellite instability and increased susceptibility to several types of cancer, including colorectal cancer, endometrial cancer, and others. The right-sided predominance of colorectal cancers in this syndrome is an important clinical feature that assists in its identification and the genetic counseling of affected families. In contrast, the other syndromes mentioned involve different inheritance patterns or other primary features. Familial adenomatous polyposis is characterized by thousands of colonic polyps and requires prophylactic colectomy due to the near certainty of cancer development. Gardner syndrome, a variant of FAP, includes extraintestinal manifestations such as osteomas and soft tissue tumors. Peutz-Jeghers syndrome is associated with gastrointestinal hamartomas and a risk of various malignancies, but

3. What percentage of all gastrointestinal malignancies does GIST comprise?

A. 10-15%

B. 1-3%

C. 5-10%

D. 20-25%

Gastrointestinal stromal tumors (GIST) represent a unique subset of gastrointestinal malignancies, primarily arising from interstitial cells of Cajal or precursor cells. These tumors account for approximately 1-3% of all gastrointestinal malignancies, which places them within the lower range of malignancy prevalence in the gastrointestinal tract. This percentage highlights the rarity of GISTs compared to more common gastrointestinal cancers, such as colorectal cancer, gastric cancer, and esophageal cancer, which collectively comprise a more substantial portion of the overall malignancies seen in the gastrointestinal system. Due to their specific cellular origin and distinct molecular genetics, GISTs are unique compared to other types of gastric and intestinal tumors, which contributes to their relatively low prevalence. Understanding this statistic is crucial for appreciating the landscape of gastrointestinal cancers and aids in recognizing the need for targeted therapeutic approaches, such as imatinib, which has been particularly effective for treating GISTs due to their characteristic mutations in the Kit and PDGFRA genes. Such knowledge is essential for healthcare professionals dealing with surgical oncology and gastrointestinal pathologies.

4. What is the general follow-up recommendation for patients with Lobular Carcinoma In Situ (LCIS) who choose not to undergo surgical resection?

A. Annual MRI screenings

B. Regular mammography with careful follow-up

C. Weekly clinical breast exams

D. Immediate initiation of chemotherapy

Patients with Lobular Carcinoma In Situ (LCIS) who opt not to pursue surgical resection typically require a careful surveillance strategy due to the elevated risk of developing invasive breast cancer. Regular mammography is a cornerstone of this surveillance approach, as it helps in early detection of any potential malignant developments. The recommendation for regular mammography is based on evidence that while LCIS itself is not a direct precursor to cancer, it signifies an increased risk of subsequent breast cancer, making monitoring essential. The timing and frequency of mammograms may vary depending on individual risk factors and the recommendations of their healthcare provider, but the general practice is to conduct these evaluations annually. In addition to mammography, careful follow-up involves clinical evaluations and potential discussions about additional imaging or interventions that may be appropriate based on individual risk assessment. This approach underlines the importance of logistic and preventive measures rather than immediate invasive treatments, such as chemotherapy, which is not indicated in asymptomatic patients with LCIS who aren't undergoing surgical intervention. Thus, the recommendation aligns with a proactive monitoring strategy that balances the need for vigilance against breast cancer risk with the acknowledgment of LCIS as a non-invasive lesion.

5. What are the four boundaries of the femoral canal?

A. Inguinal ligament, lacunar ligament, femoral vein, iliacus and psoas tendons

B. Inguinal ligament, pelvic bone, femoral artery, iliacus muscle

C. Femoral vein, great saphenous vein, inguinal ligament, pectineus muscle

D. Superior pubic ramus, inguinal ligament, femoral nerve, rectus abdominis

The correct answer accurately identifies the four boundaries of the femoral canal. The femoral canal is an anatomical space located within the femoral sheath in the groin region. It is crucial, especially in surgical contexts and for understanding potential hernias, as it is the site where femoral hernias can occur. The boundaries of the femoral canal are defined as follows: 1. The inguinal ligament forms the superior boundary, providing a key landmark in the groin. 2. The lacunar ligament, which is an extension of the inguinal ligament, serves as the medial boundary, helping to stabilize the relationship between the femoral canal and surrounding structures. 3. The femoral vein constitutes the lateral boundary, forming the lateral aspect of the canal and allowing for venous return from the lower limb. 4. The iliacus and psoas tendons, which lie posteriorly to the femoral canal, contribute to its anatomical boundaries by anchoring the structures of the pelvis. Understanding these boundaries is essential for surgical anatomy, particularly in procedures such as hernia repairs, where knowledge of the femoral canal can guide effective and safe intervention.

6. What additional treatment might be required for steroid-resistant cases of ITP?

A. Increased steroid dosage

B. Splenectomy

C. Bone marrow transplant

D. Immunosuppressants

In cases of Immune Thrombocytopenic Purpura (ITP) where patients do not respond to steroid therapy, splenectomy is often considered the next step in management. The spleen plays a crucial role in the destruction of platelets, particularly in the setting of ITP, where antibodies target platelets for destruction. By removing the spleen, this process is impeded, often leading to an increase in platelet counts and a reduction in bleeding risk. Splenectomy is especially beneficial for patients with persistent or chronic ITP that is significantly impacting their quality of life and for whom other medical therapies, including steroids, have failed. This surgical intervention can result in a long-term resolution of thrombocytopenia in a significant number of individuals, thus making it a valuable option for treatment in resistant cases. Other treatments, such as increasing steroid dosage or using immunosuppressants, might still be considered, but they may not be as effective for individuals who have already shown resistance to steroids. Bone marrow transplant, while potentially curative, is not typically performed in ITP due to its risk profile and the availability of less invasive options like splenectomy that are effective in many cases.

7. How does the location of Hodgkin's disease affect its staging?

A. Above the diaphragm indicates Stage III or IV

B. Below the diaphragm indicates Stage I or II

C. Above the diaphragm indicates Stage I or II

D. Stage varies regardless of location

Hodgkin's disease, a type of lymphatic cancer, is staged based on the anatomic locations of disease involvement. The correct choice attributes significance to the area of involvement in defining the stage. When the disease is located above the diaphragm, it is classified as Stage I or II. Stage I involves a single lymph node region or an organ involvement above the diaphragm, while Stage II indicates involvement of two or more lymph node regions also above the diaphragm, or a contiguous organ. This staging reflects the dissemination of the disease in a way that emphasizes local and regional spread before potentially progressing to more advanced stages that involve areas below the diaphragm. In contrast, involvement below the diaphragm typically signifies higher stages of the disease, namely Stage III or IV, which involve more extensive disease spread. Stage III indicates lymph node involvement on both sides of the diaphragm, and Stage IV indicates distant spread, such as to the liver or bone marrow. Understanding the staging system for Hodgkin's disease is crucial for guiding treatment decisions and predicting outcomes. Thus, recognizing that disease location directly influences staging is essential for managing this condition effectively.

8. Which of the following is NOT a benign proliferative breast lesion associated with increased risk of cancer?

A. Atypical ductal hyperplasia

B. Lobular carcinoma in situ (LCIS)

C. Ductal carcinoma in situ (DCIS)

D. Atypical lobular hyperplasia

Ductal carcinoma in situ (DCIS) is classified as a non-invasive form of breast cancer, rather than a benign proliferative lesion. While it is true that DCIS is a precursor to invasive breast cancer and is associated with an increased risk of developing invasive disease, it is fundamentally different from benign lesions that may also raise cancer risk. In contrast, atypical ductal hyperplasia, lobular carcinoma in situ (LCIS), and atypical lobular hyperplasia are all considered benign proliferative lesions. These conditions indicate abnormal growth of breast cells but do not invade surrounding tissues. They are associated with an increased risk of breast cancer but do not themselves represent cancerous conditions. Understanding the distinctions among these lesions is crucial for breast cancer screening and management, as the presence of atypical hyperplasia or LCIS may prompt closer surveillance or preventive measures, while the presence of DCIS often requires a more aggressive treatment approach due to its potential to progress to invasive cancer.

9. What are two surgical options for treating 4 gland parathyroid hyperplasia?

A. 3.5 gland resection and radioactive iodine therapy

B. 4 gland resection and forearm re-implant

C. Thyroidectomy and parathyroidectomy

D. Laparoscopic resection and monitoring

The appropriate surgical options for treating four-gland parathyroid hyperplasia typically involve a combination of total parathyroidectomy with reimplantation of a small amount of parathyroid tissue to an alternative site, such as the forearm. This approach allows for the reduction of parathyroid hormone levels while preserving some parathyroid function, which is crucial in preventing postoperative hypoparathyroidism. In parathyroid hyperplasia, simply removing all hyperplastic tissue can lead to a state where the body has no functional parathyroid glands remaining, particularly if all four glands are affected. Therefore, performing a four-gland resection followed by the re-implantation of a small portion of parathyroid tissue promotes the possibility of hormone production and helps maintain calcium homeostasis postoperatively. The other options do not represent standard surgical management for this condition, hence reinforcing the appropriateness of the selected answer. For instance, removing less than four glands does not adequately address the hyperplastic condition. Similarly, radioactive iodine therapy is not applicable as it is used for thyroid conditions rather than parathyroid hyperplasia. Thyroidectomy in conjunction with parathyroidectomy is also not practical as both glands' operations are distinct and require specific interventions. Lastly,

10. Which tumor is most commonly associated with catecholamine-secreting tumors in children?

A. Pheochromocytoma

B. Neuroblastoma

C. Medulloblastoma

D. Teratoma

Neuroblastoma is the tumor most commonly associated with catecholamine-secreting tumors in children. This is primarily because neuroblastoma arises from neural crest cells and is known for its production of catecholamines, particularly in the form of metabolites like vanillylmandelic acid (VMA) and homovanillic acid (HVA) which can be detected in urine. Neuroblastoma typically presents in infants and young children, and its ability to secrete catecholamines contributes to symptoms such as hypertension, diaphoresis, and increased heart rate. This association is significant as it directly impacts the clinical approach and management of patients with neuroblastoma, focusing not only on tumor control but also on monitoring and mitigating catecholamine-related effects. Other tumor types listed, while they may have their own characteristics, do not have the same strong correlation with catecholamine secretion in pediatric patients. For example, pheochromocytomas are indeed catecholamine-secreting tumors but are more commonly found in adults than children. Medulloblastomas and teratomas do not typically produce catecholamines, making neuroblastoma the most relevant choice in the context of the question.

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!