Question 1. Regarding the canal of Nuck:
(a) Hydrocoele of the canal of Nuck can be likened to a patent processus vaginalis in men.
(b) It is an evagination of the visceral peritoneum.
(c) It is usually obliterated at around the eighth month of fetal life.
(d) It accompanies the round ligament of the uterus in women.

Question 2. Regarding the clinical features of hydrocoele of the canal of Nuck:
(a) Clinical history helps in making a diagnosis.
(b) It has an expansile cough impulse.
(c) It presents as an irreducible cystic groin lump.
(d) Infected hydrocoeles may present as a painful, erythematous lump extending to the labia majora.

Question 3. On Doppler ultrasonography, a hydrocoele of the canal of Nuck shows:
(a) Internal vascularity on colour Doppler.
(b) A well-circumscribed cystic lesion.
(c) Changes with the Valsalva manoeuvre.
(d) Communication with the peritoneal cavity.

Question 4. The differential diagnosis of a hydrocoele of the canal of Nuck includes:
(a) Inguinal lymphadenopathy.
(b) Groin hernia.
(c) Saphena varix.
(d) Mesothelial cyst of the round ligament.

Question 5. Regarding treatment options of a hydrocoele of the canal of Nuck:
(a) Open or laparoscopic surgery may be performed.
(b) Mesh repair may be required to prevent postoperative inguinal hernia.
(c) Percutaneous aspiration of fluid is adequate treatment.
(d) The round ligament needs to be excised with the hydrocoele sac during the surgery.