Question 1. Regarding fish bone ingestion:
(a) Cultural and personal habits such as the use of chopsticks or deboning fish in the mouth are known risk factors for fish bone ingestion.
(b) Fish bones are one of the most commonly ingested foreign bodies.
(c) Fish bone ingestion is always symptomatic.
(d) Most fish bones require surgical removal.

Question 2. Regarding imaging for fish bone ingestion:
(a) Computed tomography (CT) has superior sensitivity compared to plain radiography.
(b) Fish bone can present as linear calcification on plain radiography.
(c) Contrast should be requested for CT when fish bone ingestion is suspected.
(d) CT is superior to plain radiography in detecting complications associated with fish bone ingestion.

Question 3. Regarding fish bone ingestion in the upper gastrointestinal tract:
(a) Fish bones are most commonly lodged in the oral cavity or pharynx.
(b) Fish bones lodged in the oropharynx first require a careful clinical examination, followed by imaging.
(c) Fish bones in the upper gastrointestinal tract should be left alone.
(d) Options for removal of fish bone include direct laryngoscopy and oesophagogastroduodenoscopy.

Question 4. Regarding fish bone ingestion in the lower gastrointestinal tract
(a) Such patients are often asymptomatic unless complications related to fish bone ingestion occur.
(b) Radiography has good sensitivity in detecting fish bone in the lower gastrointestinal tract.
(c) Fish bones can lodge in rare locations such as the appendix.
(d) Fish bones in this location should be removed by endoscopy.

Question 5. Regarding complications related to fish bone ingestion:
(a) Laparoscopy is a feasible option for retrieving fish bone that is causing perforation of hollow viscus in the stable patient.
(b) Fish bone ingestion can result in liver abscess.
(c) Fish bone causing hollow viscus perforation almost always requires surgery.
(d) The objective of surgery for fish bone perforation of hollow viscus is to remove the foreign body and repair the site of perforation.