Model Question Paper

QP code: xxxxxx **RegNo …….....**

III Professional Part 2 MBBS degree R/S Examinations
General Surgery 2

Time: 3 hours

Instructions:

- Answer all the questions to the point neatly and legibly
- Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together
- Draw diagrams wherever necessary

Q.P. Code: xxxxx **Max. Marks: 70**

Section A – General Surgery Including Anaesthesiology, Radiodiagnosis

1. **Multiple Choice Questions** **(1 x 20 = 20)**
Question numbers (i-v) are case scenario-based questions. Select the best answer

A 68-year-old man presents with weight loss jaundice and itching all over for two months. On examination there is enlargement of liver with palpable gall bladder.

i. What is the most probable diagnosis?

a. Pancreatic head cancer b. Peri-ampullary Cancer

c. Both A&B are likely d. Klatskin Tumour

ii. Which of the following is unlikely in this patient?

a. Haemoglobin of 8 gm/dl b. Serum albumin of 2gm/dl

c. INR of 2.8 d. Serum Alkaline Phosphatase of 30 units.

iii. Which of the following helps in follow up of this condition?

a. AFP b. CEA

c. CA 19-9 d. LDH

iv. Which of the following is likely in this patient?

a. Troisier's Sign b. Troussau's Sign

c. Double Duct Sign d. All of the Above

v. True about this condition

a. Obstruction of Duodenum occurs in 15%

b. In those with metastases survival is only 18-24 months

c. Diabetes Mellitus is not a risk factor

d. Long term relief of Jaundice occurs after ERCP with Plastic stents.

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For Questions (vi-x), each of the questions given below, have two statements marked as Assertion (A) and Reason (R). Select the best option from the choices given below

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.
b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.
c. Assertion is true, but the Reasoning is false.
d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

vi**. Assertion:** around a quarter of acute appendicitis treated successfully with antibiotics needs surgery for recurrent symptoms in a year.

Reasoning: Antibiotics work successfully in up to 90% of uncomplicated acute appendicitis.

vii. **Assertion:** Eradication of H.Pylori with medication can be achieved in 90% of patients with peptic ulcer and should be instituted.

Reasoning: H.Pylori is crucial in the development of peptic ulcer.

viii. **Assertion :** Pilonidal sinus cases with minimal symptoms may be treated with cleaning , hygiene and shaving hair frequently.

Reasoning : Natural history of Pilonidal disease is usually one of regression.

ix. **Assertion :** A Mesenteric Cyst moves freely from the right lower quadrant to left upper quadrant.

Reasoning : The root of mesentery spans from right sacroiliac joint to the left second lumbar transverse process**.**

x. **Assertion :** Radical excision is the treatment of choice for Choledochal Cysts.

Reasoning : Excision of the cyst reduces the rate of recurrent Cholangitis.

Question numbers (xi –xv) Read the statements & select the best option

xi. Medical management of Crohn's Disease include
1. Steroid 2. Azathioprine
3. Infliximab 4. Aminosalicylates
a. 1,2,&3 b. 1&2 c. 2&3 d 1,2.3, 4

xii. Meckel's diverticulum presents with
1. Haemorrhage 2. Intestinal Obstruction
3. Intususception 4. Chronic Ulceration
a. 1&2 b. 1,2,3&4 c. 1,2,&3 d. 2&3

xiii. Examples of Bariatric Surgery
1. Sleeve Gastrectomy 2. Roux en Y Gastric Bypass

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3. Cardiomyotomy 4. Bilio-Pancreatic Diversion

a. 1&2 b. 1,3 ,&4 c. 1,2,&4 d. 3&4

xiv. Hernia Repair without a mesh include-

1. TEP 2. Bassini

3. Lichtenstein 4. Desarda

a. 1&2 b. 1,3,&4 c. 1,2,3,&4 d. 2&4

xv. In Highly Selective Vagotomy for peptic ulcer

1. The Anterior and Posterior Vagal trunks are preserved
2. The GI tract is not opened
3. The operation is not commonly done nowadays.
4. Unacceptable rate of recurrence

a. 1&2 b. 1,2,&3 c. 1,2,3,&4 d. 3&4

Question numbers (xvi-xx) select the best option.

xvi. The maximum permissible dose of Lignocaine with Adrenaline as a local anaesthetic is

a. 3mg/Kg

b. 7mg/Kg

c. 12 mg/Kg

d. 15mg/Kg

xv. True statement regarding Opportunistic Post-Splenectomy Infections

a. May result from animal bites

b. Gram Negative Anaerobes often responsible

c. Prophylaxis not needed in children

d. Prophylactic Vaccines recommended on the day of Splenectomy

xvi. True about Rectal Cancers

a. 20% show complete response to radiation

b. Lower Rectal Cancers need 5 cm clearance all around

c. A permanent Colostomy follows an Anterior Resection

d. Lymphatic spread occurs mainly downwards.

xvii. The normal Lower Oesophageal sphincter pressure is

a. 3-5 mmHg

b. 5-10 mmHg

c. 10-25 mmHg

d. 25-40 mm Hg

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xviii. Dynamic form of assessing coagulation status is

a. Kaolin –Cephalin Clotting Time

b. Prothrombin Time

c. INR

d. Thromboelastography

Long Essays **(10 x 2=20 Marks)**

2 . 50-year-old male presents to the emergency with three episodes of haematemesis of one day duration . He is a chronic alcoholic and complains of high coloured yellow urine of three weeks. He has a pulse of 100 beats/ min and BP of 90 mm Hg systolic. Abdomen appears a little tensely distended.

a. Outline the clinical examination findings one expects in this patient. 2 marks

b. Describe the steps in initial management and Evaluation. 2 mark

c. How is the severity graded in the underlying disease? 1 marks

d. Describe briefly the steps in control of bleed in this patient. 5 marks

3. 65-year-old Male presented to the OPD with history of left loin pain , increased frequency of bowel movements and losing weight recently. He is pale and has a 6x5 cms solid palpable mass in the left lumbar region

a. What is the probable diagnosis ? 1 mark

b. How will you Asses and investigate the problem? 3 marks

c. Outline the principles of his definitive management. 4 marks

d. How will he be managed in the event of presentation to Emergency Department with intestinal obstruction 2 marks

Short Essays **(6 x 3 = 18 marks)**

4 Acute Cholecystitis

5. Outline the management of Urinary Stones.

6 Femoral Hernia

Short Answers **(4 x 3 = 12 marks)**

7. Pelvic Abscess

8. Management options in Haemorrhoids

9. Imaging in Acute Pancreatitis

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Q.P. Code: 325001 **Max. Marks: 30**

Section B – Orthopaedics Including Physical Medicine and Rehabilitation

Short Essays **(6 x 3 = 18 marks)**

1. Describe aetiopathogenesis, clinical and pathological features of Osteosarcoma. Describe briefly the management of Osteosarcoma of Proximal Tibia in a 20-year-old patient.

2. Describe aetiopathogenesis, clinical features and principles of management of Developmental Dysplasia of Hip.

3. Define osteomyelitis. Describe aetiology, pathology, clinical and radiological features and management of chronic osteomyelitis.

Short answers **(4x 3 = 12 marks)**

4. Cubitus varus

5. Tension Band Wiring-principle.

6. Limits of Doctor – Pharmaceutical industry engagement

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