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For any queries inbox @murtazakuchay

1. All are true about Basal Cell Carcinoma EXCEPT:

a) MC type of skin carcinoma

b) MC predisposing factor is UV rays

c) Fast growing malignant tumour

d) *Basal cell carcinomas usually present as pearly papules*

Correct Answer - C

Answer- C

- BCC is the most common type of NMSC (non-melanoma skin carcinoma), SCC has a higher mortality rate.
- The nodular growth pattern is characterized by a well-defined elevated lesion with a waxy appearance.
- As the lesion grows, pearly opalescent nodules develop along the margins.
- A central depression with umbilication is a classic sign.
- Exposure to ultraviolet radiation is the main causative factor in the pathogenesis of basal cell carcinoma.
- They are particularly slow-growing.

2. Which of the following is true?

- a) Colloid goitre mostly presents as hyperthyroidism
- b) Thyroid storm, the clinical features are primarily due to increased thyroxine
- c) Excess calcium intake can lead to hyperthyroidism
- d) Goitre more than 5 percent of population is endemic goitre

Correct Answer - D

Goitre more than 5 percent of population is endemic goitre *Ref: Harrison 17/e p2240*

"Worldwide, diffuse goiter is most commonly caused by iodine deficiency and is termed endemic goiter when it affects >5% of the population." - Harrison

Other options:

Colloid goitre is mostly euthyroid.

In thyroid storm the clinical features are not primarily due to thyroxine.

Thyroxine is the less potent of the 2 thyroid hormones (i.e. thyroxine or T4 and triiodothyronine or T3). T3 is about 4 times potent than T4 and major actions of thyroid are because of T3. T4 is considered to be mainly transport, as it is the major circulating thyroid hormone and gets converted into T3 in the peripheral tissues.

Thyroid storm (or accelerated hyperthyroidism) is a condition of extreme accentuation of thyrotoxicosis. It is an uncommon but serious complication, usually occurring in association with Graves' disease but sometimes with toxic multinodular goiter.

Excess calcium intake does not lead to hyperthyroidism.

3. All are true regarding mesothelioma except?

a) Bilaterally symmetrical

b) Associated with asbestos exposure

c) Histopathology shows biphasic pattern

d) Occurs in late middle age

Correct Answer - A

Bilaterally symmetrical [Ref: Schwartz 9/e p582; Devita's Cancer 8/e chapter 46]

Malignant mesothelioma

- Malignant mesothelioma, is the most common tumor of the pleura.
- Exposure to asbestos is the major known risk factor.
 - Both pleural and peritoneal mesotheliomas, are associated with asbestos exposure.
 - Not only the worker but his family members are also at risk.
 - Cigarette smoking does not appear to increase the risk of malignant mesothelioma, even though asbestos exposure and smoking synergistically increase the risk for lung cancer.
 - (Note that the risk of mesothelioma is much less than for lung cancer among asbestos-exposed workers)
- Histologically mesotheliomas are of 3 types:
 - *Epithelial type (most common, approx. 50 to 60%)*
 - *Sarcomatoid type (approx. 10%)*
 - *Biphasic type (i.e. the combination of both epithelial and sarcomatoid type)*
- The latency period between asbestos exposure and the development of mesothelioma is at least 25- 40 years. (Ref: Devita's Cancer)

- Mesothelioma affects men in their 50s, 60s, and 70s due to the aforementioned 25- to 40-year latency period (*Ref - Devita's Cancer*)
- The right side is affected more than the left side (60% vs. 40%), most likely due to the right side's greater volume. (*Ref - Devita's Cancer*)
- Malignant mesotheliomas have a male predominance of 3:1 to 5:1 (*Ref: Devita's Cancer*)
- Although ~50% of mesotheliomas metastasize, the tumor generally is locally invasive, and death usually results from local extension. Most patients present with effusions that may obscure the underlying pleural tumor.
- The tumor generally is multicentric, with multiple pleura-based nodules coalescing to form sheets of tumor (but not bilateral and symmetrical)
- Major differential diagnosis is peripheral adenocarcinoma

Differentiation of Mesothelioma from Adenocarcinoma

	Mesothelioma	Adenocarcinoma
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Immunohistochemical results

Carcinoembryonic antigen	Negative	Positive
Vimentin	Positive	Negative
Low molecular wt. cytokeratins	Positive	Negative
Electron microscopic features	Long, sinuous villi	Short, straight villi with fuzzy glycocalyx

- Management:
 - There is no effective therapy.
 - Treatment options include supportive care only, surgical resection, and multimodality approaches (using a combination of surgery, chemotherapy, and radiation therapy).
 - Patients with early-stage mesotheliomas and good pulmonary function- extrapleural pneumonectomy is recommended, followed by clinical trials of multimodality therapy, if available.
 - For more advanced disease, or if patients have less than optimal pulmonary function - talc pleurodesis or supportive therapy is

recommended.

4. Which of the following is the terminal group of lymph node for colon?

a) >Paracolic

b) >Epicolic

c) >Preaortic

d) >Ileocolic

Correct Answer - C

Preaortic [Ref: BDC Anatomy 4/e vol 2 p254; Gray's Anatomy 40/e p1077; Sabiston 18/e p1356] Repeat .from May 11.

The lymphatic drainage of the large intestine- passes through four sets of lymph nodes:

1. Epicolic lymph nodes, are located along the bowel wall
2. Paracolic lymph nodes, on the medial side of the ascending and descending colon and near the mesocolic border of the transverse and sigmoid colon.
3. Intermediate lymph nodes, on the main branches of the large blood vessels i.e. right colic, middle colic and the left colic
4. Terminal lymph nodes, located on the *superior and inferior mesenteric artery*

Superior and inferior mesenteric lymph nodes (along with celiac lymph nodes) are a part of the *Pre-aortic* group of

5. Gold standard investigation for recurrent gastrointestinal stromal tumor is:

a) MRI

b) >MIBG

c) >USG

d) >PET CT

Correct Answer - D

PET CT [*Grainger Radiology 5/e p645; Cancer Imaging. 2005; 5(1): 150-156. lymph nodes.*

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1665232>]

Repeat from Nov 08

Gastrointestinal stromal tumours (GISTs) comprise a group of smooth muscle mesenchymal alimentary tract tumours of variable malignancy.

The management of malignant GISTs has been revolutionised by the development of *Imatinib (ST-571)* which is, uniquely, a specific, highly effective, chemotherapeutic agent that targets a specific abnormal intracellular signalling molecule. The effective management of patients with these tumours requires regular imaging assessment for which CT has conventionally been the method of choice. Whilst *CT remains most valuable in the initial diagnosis and staging of GISTs*, it is now clear that *PET imaging, preferably combined with CT, will become the gold standard method for assessment of response* by virtue of its unique dynamic functional characteristic which, when combined with CT, provides a more accurate assessment and prediction of the quality of response. -*Cancer Imaging. 2005; 5(1): 150-156*

6. On abdominal ultrasound gallbladder shows diffuse wall thickening with hyperechoic nodules at neck and comet tail artifacts. The most likely diagnosis will be:

a) Adenomyomatosis

b) Adenocarcinoma of gallbladder

c) Xanthogranulomatous cholecystitis

d) Cholesterol crystals

Correct Answer - A

- Ans.A. Adenomyomatosis
 - Adenomyomatosis is a benign condition characterized by hyperplastic changes of unknown etiology involving the GB wall.
 - It causes overgrowth of the mucosa, thickening of muscular wall, and formation of intramural diverticula or sinus tracts termed as Aschoff-Rokitansky sinuses.
- Investigations-**
- USG- The presence of cholesterol crystals in these sinuses can result in “diamond ring sign”, “V-shaped”, or “comet-tail” artifacts on USG.
- Treatment-**
- Cholecystectomy is indicated in symptomatic adenomyomatosis or when cholelithiasis is present.

7. Treatment of Medullary Carcinoma thyroid:

a) Surgery and Radiotherapy

b) Radiotherapy and Chemotherapy

c) Surgery only

d) Radioiodine ablation

Correct Answer - C

Surgery only [(Ref' Schwartz 9/e p1367 (8/e, 1423)] Repeat from Nov 08

Treatment of Medullary Thyroid Cancer

- Total Thyroidectomy is the treatment of choice for patients with MTC because of high incidence of multicentricity, the more aggressive course and RAI therapy usually being not effective.
- The central compartment nodes are frequently involved early in the disease process, so that a bilateral central neck node dissection should be routinely performed. In patients with palpable cervical nodes or involved central neck nodes, ipsilateral or bilateral modified radical neck dissection is recommended. Similarly patient with tumors larger than 1 cm should undergo ipsilateral prophylactic modified radical neck dissection, because greater than 60% of these patients have nodal metastases. If ipsilateral nodes are positive, a contralateral node dissection should be performed.
- In case of locally recurrent or metastatic disease, tumor debulking is advised, not only to ameliorate symptoms of flushing and diarrhoea, but also to decrease risk of death from recurrent central neck or mediastinal disease.
- **External beam radiotherapy** is controversial, but is recommended for patients with unresectable residual or recurrent tumor.
- Chemotherapy is not effective.

- If patients with MTC are found to have *pheochromocytoma*, this must be operated first.
Treatment of other thyroid malignancies is as follows :-(Note- this is a very important and often repeated topic in PG exams, so if time permits one must turn the pages of Schwartz Sx or any other standard book, for detailed study).
- **Papillary Thyroid Carcinoma (PCT)**
- **High-risk tumors or bilateral tumors**
 - Total thyroidectomy (or near total thyroidectomy).
- **Low risk**
 - **The** treatment is *controversial*.
 - *Conservative approach* advocates *hemithyroidectomy* (lobectomy + isthmusectomy). *More radical approach* advocates *total thyroidectomy (or near total thyroidectomy)*. - Schwartz Sx is in favour of radical approach.
(High and Low risk decided by any one of the many classification systems)
- **If** enlarged lymph nodes are found
 - *Modified radical neck dissection* is done of the affected side.
- When patients are found to have a minimal papillary thyroid carcinoma in a thyroid specimen removed for other reasons, *unilateral thyroid lobectomy and isthmusectomy* is usually considered to be adequate treatment, unless the tumor has evidence of angioinvasion, multifocality, or positive margins.
- **Follicular Thyroid Carcinoma (FTC)**
- **FNA** biopsy is unable to distinguish *benign* follicular lesions from follicular *carcinomas* therefore, *preoperative diagnosis of cancer is difficult* unless distant metastases are present.
- Patients diagnosed by *FNA biopsy* as follicular lesions should undergo *thyroid lobectomy + isthmusectomy* (because at least 80% of these patients will have benign adenomas).
- The resected lobe is subjected to *histology (intraoperative frozen – section examination)*, though usually not helpful should be performed in high risk cases).

8. The technique of laproscopic cholecystectomy was first described by?

a) Erich Muhe

b) Phillip Moure

c) Kurt Semm

d) Eddie Reddick

Correct Answer - A

Erich Muhe [*Ref: Sabiston 18/e p464;*

<http://www.ncbi.nlm.nih.gov/pubmed/11304004>]

Prof Dr Erich Muhe of Boblingen, Germany, performed the first laparoscopic cholecystectomy in 1985. First laparoscopic appendectomy was performed in 1980 by Kurt Semm

9. Organism associated with fish consumption and also causes carcinoma gallbladder:

a) Gnathostoma

b) Anglostrongyloidosis cantonensis

c) Clonorchis sinensis

d) H. diminuta

Correct Answer - C

Clonorchis sinensis [Ref Harrison 17/e p1330;
<http://www.ncbi.nlm.nih.gov/pubmed/12483392>
<http://www.ncbi.nlm.nih.gov/pubmed/3993073>]

Clonorchis sinensis is liver fluke acquired by ingestion of raw or inadequately cooked fresh water fish. In human body it lives within bile ducts and causes inflammatory reaction leading to cholangitis, cholangiohepatitis and biliary obstruction. It is well known to be a risk factor for Cholangiocarcinoma.

But above mentioned websites from pubmed lists articles showing association between Clonorchis infection and gallbladder carcinoma.

10. Which of the following is NOT true about FAP?

a) AR inheritance

b) Screening done by sigmoidoscopy

c) Polyps develop in late adulthood

d) Epidermal cysts & osteomas may occur

Correct Answer - A

AR inheritance [Ref; Sabiston 18/e p1400; Schwartz 9/e p1043; Dc Vita Chapter 39 Section 12; Maingot's Abdominal Operations Chapter 23] Repeated in May 11

Familial adenomatosis polyposis, as well as all the other known familial syndromes of colon cancer (i.e. Lynch, Peutz Jeghers, Cowden.....) are all Autosomal Dominant.

Read more from May 11

**11. All of the following genes may be involved in development of carcinoma of colon
Except**

a) APC

b) Beta-Catenin

c) K-ras

d) Mismatch Repair Genes

Correct Answer - B

Beta-catenin [Ref: Sabiston 18/e p1393] Repeat from May 11 and All India 09

12. The following statements about thyroglossal cyst are true, EXCEPT:

a) MC age of presentation is 15- 30 Years

b) Swelling increase on protruding the tongue

c) During surgery hyoid bone should be preserved

d) After surgery chances of recurrences are present

Correct Answer - C

Ans: C

- Thyroglossal cysts may become infected and rupture onto the skin of the neck presenting as a discharging sinus.
- Although they often occur in children, they may also present in adults, even as late as the sixth or seventh decade of life.
- Treatment must include excision of the whole thyroglossal tract, which involves removal of the body of the hyoid bone and the suprahyoid tract through the tongue base to the vallecula at the site of the primitive foramen caecum, together with a core of tissue on either side.
- This operation is known as Sistrunk's operation and prevents recurrence, most notably from small side branches of the thyroglossal tract.

13. All of the following statements about Pancreatic Carcinoma are true, EXCEPT:

a) Mutation in P53 gene is associated in 75% of cases

b) Hereditary Pancreatitis significantly increases the risk

c) Median survival in locally advanced (stage III) disease is 3-6 months

d) Five year survival after curative pancreaticoduodenectomy is 15 -20%

Correct Answer - C

Median survival for stage III pancreatic cancer is 6-10 months and for patients with metastatic disease such as stage IV it is 3-6 months.

Staging of pancreatic cancer:

Stage I disease includes T1 (size 2cm, limited to pancreas) with no lymph node involvement.

Stage II disease includes T2 (lesions extend beyond the pancreas but do not involve the celiac axis or **superior mesenteric artery**).

Stage III includes T3 (lesions involve the celiac axis or superior mesenteric artery and are not resectable) without metastatic disease.

Stage IV includes T4 with metastases to distant sites such as the liver or lungs are stage IV.

Ref: Schwartz's Principles of Surgery, 9th Edition, Chapter 33; Pancreatic Cancer By Daniel D. Von Hoff, Page 447; Lecture Notes: General Surgery By Harold Ellis, Page 288

Median survival of locally advanced (stage III) disease is 8 to 12 months and not 3 to 6 months. Median survival of 3 to 6 months is feature of stage IV disease (pts. with distant metastasis).

Sabiston writes- "*it is my practice to perform gastrojejunostomy selectively (i.e., for patients whose tumor is locally advanced but without distant metastases [stage III lesions]) because these patients have an expected survival time of 8 to 12 months. I would not perform prophylactic gastrojejunostomy in patients with distant metastasis (stage IV lesions) because their expected survival time is only 3 to 6 months and they are less likely to develop duodenal*

obstruction before death."

About other options

- Option D

Sabiston writes- "Results of Pancreaticoduodenectomy for Pancreatic Cancer- Long-term survival, when the operation is performed for ductal adenocarcinoma, is unusual. Five-year survival rates of 15% to 20% have been reported from some centers, but rates of 10% to 15% are more common, and most of those patients who survive for 5 years succumb over the subsequent 5 years."

- Option A

"Mutation of the *p53* tumor suppressor gene is the most common genetic event in all human cancers, and it is observed in 75% of pancreatic cancers."- Sabiston

- Option B

"The risk of pancreatic cancer is higher with all forms of chronic pancreatitis. The lifetime risk for pancreatic cancer in patients with chronic pancreatitis is about 4%. The risk of pancreatic cancer is highest in patients with *hereditary pancreatitis*, particularly those who smoke."- *Feldman: Sleisenger & Fordtran's Gastrointestinal and Liver Disease, 8th ed Chapter 57*

14. Treatment of choice of a 2cm thyroid nodule in a 50 year old man with FNAC revealing it to be a papillary carcinoma:

a) Hemithyroidectomy

b) Subtotal thyroidectomy with modified neck dissection

c) Near total thyroidectomy with modified neck dissection

d) Hemithyroidectomy with modified neck dissection

Correct Answer - A

Hemi thyroidectomy (Ref- Bailey and Love's short practice of surgery, 24th edition, page 801)

Total thyroidectomy reserved for specific indications as bilateral disease or in high risk category.

Local recurrence is infrequent after unilateral total lobectomy particularly in low risk cases.

Large majority of patients with differentiated thyroid ca can be treated by lobectomy and isthusesectomy on the affected side particularly as 90% fall into the low risk group. At the same time, clinically obvious nodes should be removed.

If there is extensive involvement of jugular chain then modified neck dissection with preservation of accessory nerve and sternomastoid muscle is carried out.

15. A lump in the abdomen has been diagnosed as 'desmoid tumor'. What is the most appropriate treatment?

a) Chemotherapy

b) Radiation

c) Chemotherapy and Radiation

d) Surgery

Correct Answer - D

Desmoid tumor arises from the musculoaponeurotic structures of abdominal wall.

It is removed by wide excision.

Desmoid Tumour

Pathology:

- Tumour is composed of **fibrous tissue** containing **multinucleated plasmoid masses** resembling **foreign body giant cells**°.
- Usually of **very slow growth**, it **tends to infiltrate muscle** in the **immediate area**°.
- Eventually it **undergoes a myxomatous change** and it then increases **in size more rapidly**.
- **Metastasis does not occur**°, **no sarcomatous change**°

Clinical Features:

Desmoids classically arise in pregnancy as an abdominal mass independent of uterus.

- **MC presentation: Abdominal mass**
- **Affected patients may present with a painful versus asymptomatic firm mass, bowel obstruction, or bowel ischemia.**

Diagnosis:

MRI is investigation of choice for extremity & abdominal wall desmoids°.

Biopsy is required to establish the **diagnosis**.

Treatment:

- **Wide local excision (with 2 cm margin)** is **treatment of choice**°.

- **Surgery + Radiotherapy:** For recurrent **desmoid tumors**°

Doxorubicin, dacarbazine, or carboplatin can produce remission in up to 50% of patients

Prognosis:

- Involvement of margins is associated with recurrence rates as high as 80%.

16. Hashimoto's thyroiditis is known as the **MOST** common inflammatory disorder of the thyroid. All of the following histological changes are seen in this condition, **EXCEPT**:

a) Follicular destruction

b) Increase in lymphocytes

c) Oncocytic metaplasia

d) Orphan Annie eye nuclei

Correct Answer - D

Orphan Annie nuclei are intranuclear cytoplasmic inclusions seen in **papillary carcinoma of thyroid**.

Lymphocytic (Hashimoto's) thyroiditis is a transformation of thyroid tissue to lymphoid tissue.

On microscopic examination, the gland is diffusely infiltrated by small lymphocytes and plasma cells and occasionally shows well-developed germinal centers.

Thyroid follicles are smaller than normal with reduced amounts of colloid and increased interstitial connective tissue.

The follicles are lined by **Hürthle or Askanazy cells**.

Ref: Lal G., Clark O.H. (2010). Chapter 38. Thyroid, Parathyroid, and Adrenal. In F.C. Brunnicardi, D.K. Andersen, T.R. Billiar, D.L. Dunn, J.G. Hunter, J.B. Matthews, R.E. Pollock (Eds), Schwartz's Principles of Surgery, 9e.

17. Which of the following statement regarding mucinous cystadenoma pancreas is not true?

a) Microcystic adenoma

b) Lined by columnar epithelium

c) Pre malignant

d) Focus of ovarian stroma in it

Correct Answer - A

- Mucinous cystadenomas (MCNs) are the most common cystic neoplasms of the pancreas.
- MCNs contain mucin-producing epithelium and are identified histologically by the presence of mucin-rich cells and ovarian-like stroma.
- The cysts are lined by tall columnar epithelium, which fills the cyst with viscous mucin.
- MCNs are commonly seen in perimenopausal women, and about two-thirds are located in the body or tail of the pancreas

Investigation:

- Computed tomography (CT) shows the presence of a solitary cyst, which may have fine septations and be surrounded by a rim of calcification.
- The presence of eggshell calcification, large tumor size, or a mural nodule on cross-sectional imaging is suggestive of malignancy.

Treatment:

- Pancreatic resection (because of increased risk of malignancy)

18. Non progressive contraction of Esophagus is associated with which contractile waves:

a) Primary

b) Secondary

c) Tertiary

d) Quaternary

Correct Answer - C

Tertiary contractions are simultaneous, non progressive, non peristaltic waves that can occur throughout the esophagus.

These waves do not have physiologic function and are observed in elderly people and in esophageal motility disorders.

It represents the uncoordinated contractions of the smooth muscles that are responsible for the classic corkscrew appearance of esophageal spasm on barium swallow examination.

Ref: Gastrointestinal Disease: An Endoscopic Approach By Anthony J. DiMarino, Stanley B. Benjamin, Pages 179-181; Review of Surgery: Basic Science and Clinical Topics for Absite By Gamal Mostafa, Lamont Cathey, Frederick L. Greene, Page 189

19. All of the following are risk factors for malignant change in a gall bladder polyp, except:

a) Age > 60 years

b) Rapid increase in size of polyp

c) Size of polyp > 5 mm

d) Associated Gall stones

Correct Answer - C

- Risk factors for malignant change in an asymptomatic patient with a gall bladder polyp are polyp size greater than 10mm, age >50years, and the presence of gallstones.
- The risk of malignant transformation increases with increasing size of the polyp.
- Gallbladder polyps larger than 10 mm carry an increased risk of malignancy.
- GBP are broadly classified as non-neoplastic and neoplastic polyps.
- Cholesterol polyps are the most common type of non-neoplastic polyps.
- Malignant polyps account for 1–20% of the resected GBP.
- The risk factors for malignant polyps in previous reports included advanced age, polyp size, sessile morphology of GBPs, presence of symptoms, associated stones, presence of DM, and rapid polyp growth.

20. In a male after laparoscopic cholecystectomy, the specimen is sent for histopathology which shows carcinoma gallbladder stage T1a. What is the most appropriate management in this patient?

a) Conservative and follow up.

b) Extended cholecystectomy

c) Simple cholecystectomy

d) Radiotherapy

Correct Answer - C

- With the finding of carcinoma following cholecystectomy, subsequent treatment depends on the depth of penetration of the gallbladder wall and surgical margins.
- With T1a lesions, in which the carcinoma penetrates the lamina propria but does not invade the muscle layer, simple cholecystectomy should suffice for therapy.

21. A patient with primary sclerosing cholangitis developed cholangiocarcinoma. Which is the MOST common site of cholangiocarcinoma?

a) Distal biliary duct

b) Hilum

c) Intrahepatic duct

d) All

Correct Answer - B

Answer-

Cholangiocarcinoma (CCC):

- CCC typically refers to mucin-producing adenocarcinomas (different from HCC) that arise from the bile ducts.
- Anatomically, tumors involving the biliary confluence (**hilar cholangiocarcinoma or Klatskin tumors**) account for **60% of cases**, with the remainder involving the distal bile duct (20-30%) or intrahepatic ducts (10-20%).

Also know:

- Nodular tumors arising at the bifurcation of the common bile duct are called ***Klatskin tumors*** and are often associated with a collapsed gallbladder.

22. The classification of mirizzi syndrome is:

a) Csendes

b) Todani

c) BCLC

d) Sieve

Correct Answer - A

Classification of Mirizzi syndrome: **Csendes and Mc Sherry**

Type I: External compression of the common duct because of a stone impacted at the neck of the gallbladder or at the cystic duct.

Type II: Cholecysto Biliary fistula involving less than one-third of the circumference of the common duct

Type III: Cholecysto Biliary fistula that involves up to two-thirds of its circumference
cholecysto biliary fistula

Type IV: Cholecysto Biliary fistula with complete destruction of the entire wall of the common duct

Ref: Turk J Gastroenterol 2008; 19 (4): 258-263.

23. A businessman who presented with substernal heartburn is diagnosed having gastroesophageal reflux disease (GERD). BEST test to diagnose GERD and quantify acid output is:

a) Esophagogram

b) Endoscopy

c) Manometry

d) 24 hour pH monitoring

Correct Answer - D

The most sensitive test for diagnosis of GERD is 24-h ambulatory pH monitoring.

Endoscopy is indicated in patients with reflux symptoms refractory to antisecretory therapy; in those with alarming symptoms such as dysphagia, weight loss, or gastrointestinal bleeding; and in those with recurrent dyspepsia after treatment that is not clearly due to reflux on clinical grounds alone.

Ref: Wong-Kee-Song L.M., Topazian M. (2012). Chapter 291. Gastrointestinal Endoscopy. In D.L. Longo, A.S. Fauci, D.L. Kasper, S.L. Hauser, J.L. Jameson, J. Loscalzo (Eds), Harrison's Principles of Internal Medicine, 18e.

24. All of the following statements are TRUE about Gleason score, EXCEPT:

a) Used for grading prostate cancer

b) Scores range from 1-10

c) Higher the score, poorer the prognosis

d) Helps in planning management

Correct Answer - B

When prostate cancer is diagnosed, a measure of histologic aggressiveness is assigned using the **Gleason grading system**, in which the dominant and secondary glandular histologic patterns are scored from 1 (well-differentiated) to 5 (undifferentiated) and summed to give a **total score of 2–10 for each tumor**.

Well-differentiated tumors have a Gleason sum of 2–4, moderately differentiated tumors have a Gleason sum of 5–6, and poorly differentiated tumors have a Gleason sum of 8–10.

To better assess risk and guide treatment selection, a combination of the initial T stage, Gleason score, and baseline PSA are used,

Ref: Scher H.I. (2012). Chapter 95. Benign and Malignant Diseases of the Prostate. In D.L. Longo, A.S. Fauci, D.L. Kasper, S.L. Hauser, J.L. Jameson, J. Loscalzo (Eds), Harrison's Principles of Internal Medicine, 18e.

25. After a modified radical mastectomy 36-year-old lady was unable to extend, adduct and internally rotate her arm. Which of the following muscle is paralysed in this patient?

a) Pectoralis major

b) Latissimus dorsi

c) Teres minor

d) Long head of triceps

Correct Answer - B

Since this patient is unable to adduct, extend or internally rotate his arm, muscle most likely to be damaged is Latissimus dorsi.

\This muscle is innervated by thoracodorsal nerve which is damaged in modified radical mastectomy.

Nerves commonly damaged following modified radical mastectomy are:

- Thoracodorsal nerve
- Long thoracic nerve
- Intercostobrachial nerves
- Medial and lateral thoracic nerves to pectoralis

Damage to long thoracic nerve : Long thoracic nerve innervates serratus anterior. Serratus anterior provides stabilization of the scapula against the chest wall to create a foundation for scapular musculature to contribute and modify glenohumeral joint motion. Injury to this muscle result in winging of the scapula and compromised glenohumeral mechanics.

26. BRCA 1 gene is located on?

a) Chromosome 13

b) Chromosome 11

c) Chromosome 17

d) Chromosome 22

Correct Answer - C

BRCA1 gene is located on chromosome 17 and mutations in this gene is inherited in an autosomal dominant manner. BRCA1 mutation is associated with increased risk of breast cancer, ovarian and prostate cancer.

BRCA 2 gene is located on chromosome 13 and mutation associated with it is associated with increased risk of breast cancer in men and women. It is also associated with increased incidence of ovarian, pancreatic cancer and melanoma.

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For any queries inbox @murtazakuchay

27. Mangled Extremity Severity Score (MESS) includes all of the following, EXCEPT:

a) Shock

b) Ischemia

c) Neurogenic injury

d) Skeletal injury

Correct Answer - C

Ans.C

The mangled extremity severity score (MESS) is a scoring system that can be applied to mangled extremities and help to determine which mangled limbs will eventually go for amputation and which can be salvaged.

Criteria	Score
Skeletal/soft tissue injury	Low energy injury (eg. simple bone fracture) - 1 point
	Medium energy injury (eg. multiple bone fractures) - 2 points
	High energy injury (eg. car accidents) - 3 points
	Very high energy injury (eg. high-speed trauma with severe contamination) - 4 points
Limb ischemia	Normal perfusion with reduced or even absent pulse - 1 point
	Absent pulse, paresthesia, diminished capillary refill - 2points
	Cool, paralyzed, insensate limb - 3 points
Shock	Systolic blood pressure > 90 mm Hg: 0 points
	Hypotensive transiently: 1 point
	Hypotensive persistent: 2 points

Age < 30 years: 0 points
30-50 years: 1 point
> 50 years: 2 points

The score is doubled for ischemia > 6 hours

Mangled Extremity Severity score :

- The energy that caused the injury, skeletal and soft tissue injury
- Limb ischemia
- Shock
- Patient's age

28. Foley's Catheter of size 16 F in French gauge system represents the measure:

a) 16 mm diameter at the tip

b) 16 mm inner diameter

c) 16 mm outer diameter

d) 16 mm circumference

Correct Answer - C

French scale or French gauge system is commonly used to measure the size (outside diameter) of a catheter.

It is most often abbreviated as Fr, but can often abbreviated as FR or F. 1 Fr = 0.33 mm, and therefore the diameter of the catheter in millimeters can be determined by dividing the French size by 3.

And since circumference is equal to the one third of diameter, catheter size of 16 F means 16 mm in diameter.

Foley's catheter is sterilized by gamma radiation. Usually Foley's catheter is kept for 7 days.

Size:

- Adults— 16 F
- Children— 8 F or 10 F

29. A man is rushed to casualty, nearly dying after a massive blood loss in an accident. There is not much time to match blood groups, so the physician decides to order for one of the following blood groups. Which one of the following blood groups should be given for this patient?

a) O negative

b) O positive

c) AB positive

d) AB negative

Correct Answer - A

Since this patient's blood group is not known and there is no much time to match blood groups he should be given O negative blood.

O negative blood is otherwise known as universal donor as it does not contain any antigen it can be transfused into blood of any other ABO group without any chance of transfusion reaction.

Since this blood is Rh negative it does not contain Rh antigen which may cause Rh mismatching on transfusion.

AB blood group does not contain any antibody. So it can receive blood of any other ABO group without any chance of transfusion reaction.

So group AB is known as universal recipient. Rh positive blood does not contain Anti D antibody. So there is no chance of Rh mismatching when Rh positive blood receives transfusion. Therefore AB positive blood group is universal recipient.

Ref: Principles of Physiology By D. Pramanik page 82.

30. Which of the following is the earliest post operative complication of ileostomy?

a) Obstruction

b) Prolapse

c) Necrosis

d) Diarrhea

Correct Answer - A

A

Post operative complications that occur with sufficient frequency in ileostomy are : Nipple valve slippage, pouchitis, intestinal obstruction and fistula.

31. Which among the following is not a ultrasound feature of Congenital Hypertrophic Pyloric Stenosis?

a) 95% sensitivity by ultrasound

b) Thickness of pylorus > 4mm

c) Canal length > 16mm

d) High gastric residue

Correct Answer - D

Ans is 'd' i.e. High gastric residue

Ultrasound is the investigation of choice. It can diagnose HPS accurately in 95% of patients. Criteria for ultrasound diagnosis of HPS:

a. channel length of > 16mm

b. pyloric thickness of > 4mm

"The diagnosis of pyloric stenosis usually can be made on physical examination by palpation of the typical "olive" in the right upper quadrant and the presence of visible gastric waves on the abdomen. When the olive cannot be palpated, ultrasonography can diagnose the condition accurately in 95% of patients. Criteria for ultrasonographic diagnosis include a channel length of >16 mm and pyloric thickness of >4 mm. "- Schwartz

32. Which of the following is not a liver capsular plate?

a) Portal plate

b) Hilar plate

c) Umbilical plate

d) Cystic plate

Correct Answer - A

Ans is 'a' i.e. Portal plate

- To surgically manage hilar bile duct carcinoma successfully, it is important to be familiar with the principal anatomical variations of the biliary and vascular components of the plate system in the hepatic hilar area, because all the variations in the bile ducts and vessels occur in the plate system.

Plate system:

- The plate system consists of bile ducts and blood vessels surrounded by a sheath. There are three plates in the hilar area: the hilar plate, the cystic plate, and the umbilical plate. The bile duct and blood vessel branches penetrate the plate system and form Glisson's capsule in all segments of the liver, except for the medial segment.
- It is important due to the hilar plate is the most important plate in liver surgery.

33. BIRADS stands for:

a) Breast imaging reporting and diagnosing system

b) Brain imaging reporting and data system

c) Best imaging reporting and diagnosing system

d) Breast imaging reporting and data system

Correct Answer - D

Ans is 'D' i.e. Breast imaging reporting and data system

BIRADS stands for *Breast Imaging-Reporting and Data System*. It's a quality assurance tool developed by the American College of Radiology.

Breast Imaging Reporting and Data System (**BI-RADS**) standardizes the reporting for mammography and ultrasonography and helps guide decision making.

Category Definition

Follow-up

0	Incomplete assessment	Additional imaging evaluation
1	Negative	Annual screening
2	Benign finding	Annual screening
3	Probably benign finding	6 monthly mammogram for next 2 years
4	Suspicious abnormality (2%-95% malignant)	Biopsy
5	Highly suggestive of malignancy (>95% malignant)	Appropriate action should be taken
6	Known biopsy-proven malignancy	Appropriate treatment

34. Use of tamoxifen in carcinoma of breast patients does not lead to the following side effects ?

a) Thromboembolic events

b) Endometrial Carcinoma

c) Cataract

d) Cancer in opposite breast

Correct Answer - D

Ans is 'd' i.e. Cancer in opposite breast

Adverse effects of Tamoxifen: ?

1. Hot flushes, nausea vomiting (most common side effects)*
2. Menstrual irregularities, vaginal bleeding, discharge, pruritis vulvae & dermatitis
3. Endometrial cancer
4. Thromboembolism
5. Cataracts
6. Retinal deposits & decreased visual acuity

Benefits of Tamoxifen: ?

1. Estrogen receptor positive breast cancer: used in both pre and postmenopausal women.
2. it appears to increase bone density (slows the development of osteoporosis in postmenopausal women) favourably affect lipid and lipoprotein profiles.

Anastrozole medication is also used to treat breast cancer in women whose breast cancer has worsened after taking tamoxifen (Nolvadex).

Anastrozole is in a class of medications called nonsteroidal

aromatase inhibitors.

It works by decreasing the amount of estrogen the body makes.

35. What is true about HER2/neu overexpression in Ca breast:

a) Good prognosis

b) Responds well to taxanes

c) Responds well to monoclonal antibodies

d) Seen only in breast cancer

Correct Answer - C

Ans is 'c' i.e. Responds well to monoclonal antibodies

The **HER2** receptor (previously called HER2/neu, or ERBB-2 receptor) belongs to the epidermal growth factor receptor (EGFR) family of receptors, which are critical in the activation of subcellular signal transduction pathways controlling epithelial cell growth and differentiation and possibly angiogenesis.

Amplification of HER2 or overexpression of its protein product is observed in 18 to 20 percent of human breast cancers.

HER2 overexpression is also noted in other tumors such as esophagogastric tumors, lung, ovary & head and neck squamous cell ca. (In all of these sites, HER2 overexpression has been identified as a negative prognostic factor.)

Following points are to be noted about HER2 overexpression in breast Ca:

Prognostic value of HER2 — HER2 overexpression is a poor prognostic marker. HER2 overexpression is associated with high rates of disease recurrence and death in the absence of adjuvant systemic therapy.

Predictive value of HER2 — HER2 status predicts response to specific therapies:

- Patients with high levels of HER2 expression benefit from treatment

with agents that target HER2, such as trastuzumab (a monoclonal antibody) and lapatinib.

- HER2 status appears to predict resistance or sensitivity to different types of chemotherapeutic agents, including anthracyclines and taxanes.

Women whose tumors overexpress HER2 appear to derive greater benefit from anthracycline-based adjuvant therapy than from adjuvant therapy that is alkylating agent-based, such as CMF (cyclophosphamide, methotrexate, fluorouracil).

Relationship between HER2 overexpression and taxanes is still under study with various studies giving conflicting reports.

HER-2 positivity is associated with resistance to endocrine therapies.

Scoring of HER-2 Immunohistochemistry Assays

Score	HER-2 Status	Staining Pattern
0	Negative	No staining or membrane staining in of tumor cells°
1+	Negative	A faint barely perceptible membrane staining is detected in >10% of tumor cells. The cells are only stained in part of the membrane°.
2+	Equivocal	Weak to moderate complete membrane staining is seen in >10% of tumor cells or
3+	Positive	Strong complete membrane staining is seen in >30% of tumor cells°

36. A patient underwent sentinel node biopsy for treatment of breast carcinoma. Which of the following nerves is likely to be injured during this procedure?

a) Intercostobrachial nerve

b) Nerve to latissimus dorsi

c) Nerve to serratus anterior

d) Lateral pectoral nerve

Correct Answer - A

Ans is 'a' i.e. Intercostobrachial nerve

"Damage to the intercostobrachial nerve is much less common in axillary node sampling and sentinel lymph node biopsy than during more extensive axillary dissections." Mastery of surgery

"During axillary dissection to clear the axillary lymph nodes, the nerve to serratus anterior, the thoracodorsal vessels, the nerve to latissimus dorsi, and the medial and lateral pectoral nerves are all identified and carefully preserved

The intercostobrachial nerve is often sacrificed in an axillary lymph node clearance operation, and this may result in anaesthesia of a narrow strip of sensation in the upper medial border of the arm." Gray's Anatomy 40/e chapter 54

Intercostobrachial nerve is the lateral cutaneous branch of the 2nd intercostal nerve and traverses the axilla to supply the skin of the floor of axilla and upper medial aspect of arm. It is most commonly injured nerve during Axillary lymph node dissection and Sentinel lymph node biopsy.

37. Thyroid storm after operation is due to ?

a) Inadequate control of hyperthyroidism

b) Massive bleeding

c) Recurrent laryngeal nerve injury

d) Postoperative infection

Correct Answer - A

Ans. is 'a' i.e., Inadequate control of hyperthyroidism

- Thyroid storm is condition of hyperthyroidism accompanied by fever, central nervous system agitation or depression and cardiovascular dysfunction.
- Spontaneous thyroid storm in patient with Grave's most commonly occurs due to infection.
- Thyroid storm after thyroidectomy mainly occurs due to inadequate preoperative preparation. Occasionally, thyroid storm may result from amiodarone administration or exposure to iodinated contrast agent or following RIA therapy

38. Infection of all the following structures can be cause of Psoas abscess except-

a) Vertebrae

b) Appendix

c) Hip joint

d) Ribs

Correct Answer - D

Ans is d. i.e. Ribs

"Psoas Abscesses: The psoas muscle is another location in which abscesses are encountered. Psoas abscesses may arise from a hematogenous source, by contiguous spread from an intra-abdominal or pelvic process, or by contiguous spread from nearby bony structures (e.g., vertebral bodies).

Associated osteomyelitis due to spread from bone to muscle or from muscle to bone is common in psoas abscesses. When Pott's disease was common, Mycobacterium tuberculosis was a frequent cause of psoas abscess. Currently, either S. aureus or a mixture of enteric organisms including aerobic and anaerobic gram-negative bacilli is usually isolated from psoas abscesses in the United States. S. aureus is most likely to be isolated when a psoas abscess arises from hematogenous spread or a contiguous focus of osteomyelitis; a mixed enteric flora is the most likely etiology when the abscess has an intra- abdominal or pelvic source. Patients with psoas abscesses frequently present with fever, lower abdominal or back pain, or pain referred to the hip or knee. CT is the most useful diagnostic technique

39. Most important prognostic factor for colorectal carcinoma is

a) Site of lesion

b) Tumour size & characteristics

c) Age of patient

d) Lymph node status

Correct Answer - D

Ans is d i.e. Lymph node status

"The number of positive nodes appeared to be the single most important prognostic factor."-DeVita

40. Most common cause of acute mesenteric ischemia is:

a) Arterial thrombosis

b) Venous thrombosis

c) Embolism

d) Non occlusive disease

Correct Answer - C

Ans is c i.e. Embolism

Most common cause of Acute mesenteric ischemia is- cardiogenic embolus

Most common occlusion occurs distal to origin of the *superior mesenteric artery*.

41. Most common post operative complication of ileo anal pouch anastomosis in ulcerative colitis is:

a) Pouchitis

b) Pelvic abscess

c) Small bowel obstruction

d) Perianal complication

Correct Answer - A

Ans is 'a' i.e. Pouchitis

"Pouchitis occurs in nearly 50% of patients, and small bowel obstruction is not uncommon."- Schwartz 9/e

Maingot's 11/e lists results of a meta-analysis of over 8,300 patients from 18 major studies showing the major complications and outcomes after ileal pouch–anal anastomosis. According to this meta analysis:

Most common complication is---- Pouchitis

Next most common is----- Small bowel obstruction

In Beal Pouch Anal Anastomosis (Restorative Proctocolectomy) the entire colon and rectum are resected, but the anal sphincter muscles and a variable portion of the distal anal canal are preserved. Bowel continuity is restored by anastomosis of an ileal reservoir to the anal canal.

The neorectum is made by anastomosis of the terminal ileum aligned in a "J," "S," or "W" configuration. Most common configuration used is the "J" configuration as it is the simplest to construct and functional outcomes are similar in all. (Ref: Schwartz 9/e p1027)

Indications are conditions where colectomy is to be done such as Ulcerative colitis, FAP, Gardner's syndrome, hereditary nonpolyposis colon cancer.

Complications:

Short-term complications or those that occur within 30 days of surgery include pelvic sepsis and abscesses primarily due to anastomotic or pouch leakage.

Long-term complications include increased bowel movements (average 6 per day), small bowel obstruction, anastomotic strictures, fistulas, sexual dysfunction, pouchitis, and adhesions.

42. External hemorrhoids below the dentate line are -

a) Painful

b) Ligation is done as management

c) Skin tag is not seen in these cases

d) May turn malignant

Correct Answer - A

Ans. is 'a' i.e. Painful

- Hemorrhoidal tissues are part of the *normal anatomy* of the distal rectum and anal canal. These are cushions of submucosal tissue containing venules, arterioles, and smooth-muscle fibres. These anal cushions are found in the left lateral, right anterior and right posterior position (3, 7 & 11 'O clock positions)
- These anal cushions function as *protective pillows* that become engorged with blood during the act of defecation, protecting the anal canal from direct trauma during passage of stool. They are also thought to be part of the *continence mechanism*.
- *Hemorrhoids are likely the result of a sliding downwards of these anal cushions.*
- Some books write that the term '*hemorrhoids*' should be restricted to clinical situations in which these cushions are abnormal and cause symptoms.

43. The following statement about Pilonidal Sinus is true :

a) More common in females

b) Mostly congenital

c) Prognosis after surgery is poor

d) Treatment of choice is surgical excision of sinus tract

Correct Answer - D

Ans. is 'd' i.e. Treatment of choice is surgical excision of sinus tract

Pilonidal disease

- It is an acquired disease
Although earlier it was thought to be a congenital disease, it is now considered to be an *acquired infection of natal cleft hair follicles*. The hair follicles become infected and rupture into the subcutaneous tissues to form a pilonidal abscess. Hair from surrounding skin is pulled into the abscess cavity by the friction generated by the gluteal muscles during walking.
- More common in males
- Treatment of choice is surgery
Pilonidal sinus *should be excised* along with the secondary openings. (But only after controlling acute infection). Acute pilonidal abscesses and sinus ds can be managed by simple *incision and drainage* (under local anaesthesia).
- Prognosis after surgery is excellent (Ref: CSDT, 12/e p757)
Recurrent or persistent disease has been reported to be 0-15% and is likely due to inadequate excision. Inadequate postoperative hygiene with ingrowth of hair into the wound also leads to recurrence.

44. Not a cause of acute anal pain is:

a) Perianal abscess

b) Thrombosed hemorrhoids

c) Acute anal fissure

d) Fistula in ano

Correct Answer - D

Ans is 'd' i.e. Fistula in ano

Patients with an anorectal fistula usually present with a "non-healing" anorectal abscess following drainage, or with chronic purulent drainage and a pustule-like lesion in the perianal or buttock area. Patients experience intermittent rectal pain, particularly during defecation, but also with sitting and activity. Patients may also experience intermittent and malodorous perianal drainage and pruritus.

Hemorrhoids cause painless bleeding, but when thrombosed cause acute pain.

Anal fissure patients describe severe anal pain following bowel movements that may persist for hours or even continue until exacerbation by the next bowel movement.

Perianal abscess patients most commonly present with severe anal pain. Walking, coughing, or straining can aggravate the pain. A palpable mass often is detected by inspection of the perianal area or by digital rectal examination. Occasionally, patients will present with fever, urinary retention, or life-threatening sepsis.

45. Which of the following is not associated with Renal cell carcinoma:

a) Polycythemia

b) Amyloidosis

c) Cushing's syndrome

d) Hypertension

Correct Answer - C

Ans is 'c' i.e. Cushing's syndrome

Renal cell carcinoma is associated with a number of paraneoplastic syndromes including:

- erythrocytosis,
- hypercalcemia,
- nonmetastatic hepatic dysfunction (Stauffer syndrome),
- acquired dysfibrinogenemia,
- non-islet cell hypoglycaemia,
- hypertension.

46. After 30% loss of blood volume in road traffic accident. What next m/n is to be given ?

a) IV fluid only

b) IV fluid with cardiac stimulant

c) Dopamine

d) Vasopressor drug

Correct Answer - A

Ans is 'a' ie. IV Fluids only

30% loss of blood volume is a moderate grade of hypovolemia and can be managed adequately by IV fluids only. Cardiac stimulants, dopamine or vasopressor agents are required only in severe hypovolemia (> 40% loss).

Grades of Hypovolemic shock

Mild	Moderate (20-40% loss)	Severe (>40% loss)
Cool extremities	Same plus :	Same plus :
Diaphoresis	Tachycardia*	Decrease B.P*
Anxiety	Tachypnea	Marked tachycardia
Increase Capillary refill time	Decrease urine output	Hemodynamic instability Mental status deterioration

Treatment of hypovolemic shock [Ref Harrison 17/e p1693 (16/e p1603, 1604)]

- "Initial resuscitation requires rapid reexpansion of the circulating blood

volume along with interventions to control ongoing loss.

- Volume resuscitation is initiated with the rapid infusion of isotonic saline or a balanced salt solution such as Ringers lactate through large bore IV lines. No distinct benefit from the use of colloids have been demonstrated and in trauma patients, it is associated with a higher mortality. The infusion of 2 to 3 lt. over 20 to 30 min should restore normal hemodynamic parameters.
- Continued hemodynamic instability implies that shock has not been reversed and/or that there are significant ongoing blood or volume losses.
- Continued blood loss, with haemoglobin concentration declining to 10 g/dl should initiate blood transfusion.
- In the presence of severe and for prolonged hypovolemia, inotropic support with dopamine vasopressin or dobutamine may be required to maintain adequate ventricular performance, after blood volume has been restored.
Infusion of norepinephrine to increase arterial pressure by raising peripheral resistance is inappropriate, other than as a temporizing measure in severe shock while blood volume is reexpanded."

47. A 5 year old child spills boiling water accidentally over her face and trunk. Which of the following methods is the most accurate to estimate the body surface area involved in burns?

a) Rule of Palm

b) Rule of Nine

c) Lund and Browder chart

d) Berkow tables

Correct Answer - C

Ans is 'c' i.e. Lund and Browder chart

"The total body surface area involved in the burn is most accurately determined by using the age related charts designed by Lund and Browder." - CSDT

A thorough and accurate estimation of burn size is essential as critical management decisions are based on it i.e. to guide therapy and to determine when to transfer a patient to a burn center.

The extent of burns is expressed as the total percentage of body surface area (TBSA). *Superficial or first degree burns are not included in the TBSA burn assessment.* The location of partial-thickness and full-thickness burned areas are recorded on a burn diagram. Burns with an appearance compatible with either deep partial-thickness or full-thickness are presumed to be full-thickness until accurate differentiation is possible.

The two commonly used methods of assessing TBSA in adults are the *Lund-Browder chart* and *"Rule of Nines,"* whereas in children,

the *Lund-Browder chart* is the recommended method because it takes into account the relative percentage of body surface area affected by growth.

- When the burn is irregular and/or patchy, the *palm method* may be useful.

Lund-Browder chart:

- The Lund-Browder chart is the most accurate method for estimating TBSA for both adults and children.

It takes into account the relative percentage of body surface area affected by growth. Children have proportionally larger heads and smaller lower extremities, so the percentage BSA is more accurately estimated using the Lund-Browder chart.

Rule of Nines

The "rule of nines" is a crude but quick and effective method of estimating burn size

- In an adult
 - each upper extremity accounts for → 9% of TBSA
 - Each lower extremity accounts for → 18% of TBSA
 - anterior or posterior trunk, each account for → 18% of TBSA
 - head and neck account for → 9%
 - perineum accounts for → 1%

Palm method

Small or patchy burns can be approximated by using the surface area of the patient's palm. The palm of the patient's hand, excluding the fingers, is approximately 0.5 percent of total body surface area and the entire palmar surface including fingers is 1 percent in children and adults.

48. A 3 year old child suffers from burn injury with the following body parts involved: face including scalp, both buttocks and circumferentially around both thighs. How much is TBSA involved?

a) 0.25

b) 0.26

c) 0.35

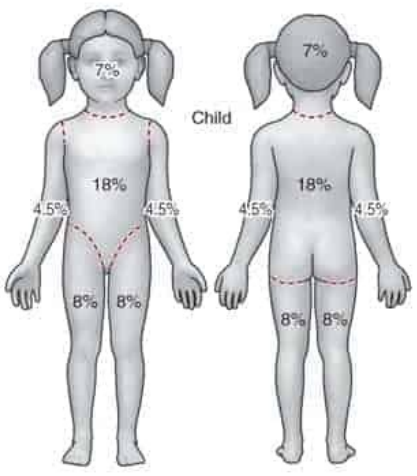
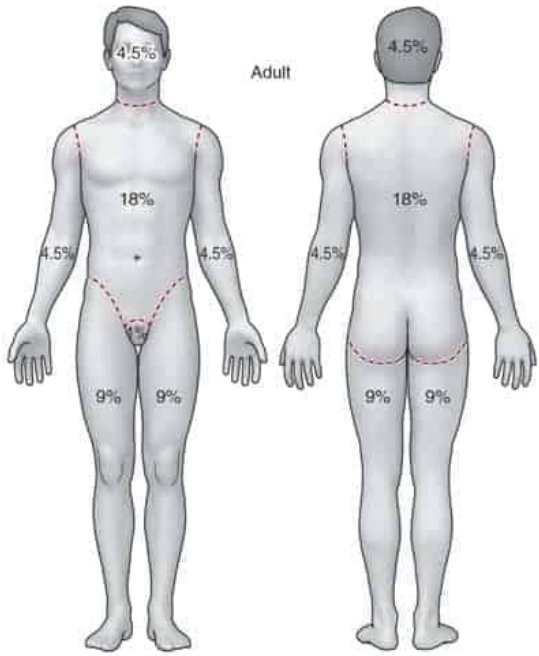
d) 0.45

Correct Answer - C

Ans is 'c' i.e. 0.35

Using Modified Lund-Browder chart:

Area	Percentage
Face	8.5
Scalp	8.5
Both buttocks	$2.5 + 2.5 = 5$
Both thighs circumferentially	$3.25 \times 2 + 3.5 \times 2 = 15$
Total body surface area	38



49. Which of the following is true about Buerger's disease?

- a) Associate with atherosclerosis
- b) Only arterioles involved
- c) Neural involvement
- d) Ulnar and peroneal arteries mainly involved

Correct Answer - C

Ans is 'c' i.e. Neural involvement

present (Ref: Robbins 9te p512, 8/e p517; Sabiston 19/e p1752-1753; Schwartz 9/e p771; Bailey 25/e p923-924; Hurrtsen I 9/e p1645, 18/e p2069)

Buerger's Disease:

* It is a **inflammatory occlusive vascular disorder** involving **small** and medium sized arteries and veins in **upper** and **lower extremities**. (*Harrison 18/e p2069*)

- It **involves tibial** and radial arteries and sometimes secondarily extending to veins and nerves **of extremities** (*Robbins p517*)

The inflammatory process extends into contiguous veins and nerves (rare with other forms of vasculitis) and in time all three structures become incased in fibrous tissue (*Rnhhinc 8/e p517*)

* Buerger's disease **involve small arteries** and is accompanied by severe pain, even at rest, related undoubtedly to the **neural involvement** (*Robbins 8/e p517*)

50. Which of the following is true about damage control surgery:

a) Steps done to control damage during surgery

b) Corrective surgery for iatrogenic injuries

c) Complete repair of injuries done after initial resuscitation in trauma patients

d) Minimal intervention done to stabilize the pt. and do the definitive surgery later

Correct Answer - D

Ans is 'd' i.e. Minimal intervention done to stabilize the pt. and do the definitive surgery later

51. The most serious complication of a pelvic fracture is:

a) Rupture urinary bladder

b) Neurogenic shock

c) Hypovolemic shock

d) Malunion

Correct Answer - C

Ans is 'c' i.e. Hypovolemic shock

Complications are likely to result in cases of excess blood loss or punctures to certain organs, possibly leading to hypovolemic shock.

52. A child presents with raised ICT, on CT scan a lesion is seen around foramen of Monroe and multiple periventricular calcific foci. What is the most probable diagnosis?

a) Central Neurocytoma

b) Ependymoma

c) Subependymal Giant cell Astrocytoma

d) Ganglioglioma

Correct Answer - C

Ans. is 'c' i.e. Subependymal Giant cell Astrocytoma

- Both Central Neurocytoma and Subependymal Giant cell Astrocytoma lesions can be found at the Foramen of Monroe. Both can cause obstruction at the foramaen of Monroe leading to ventricular enlargement and raised ICT. But it is the presence of multiple periventricular calcific foci (calcified subependymal nodules) which suggest a diagnosis of Tuberous sclerosis with Subependymal Giant cell Astrocytoma.
- Subependymal Giant cell Astrocytoma appears as an enhancing lesion at the Foramen of Monroe in a patient with Tuberous Sclerosis.
 - Other findings in Tuberous Sclerosis:
Calcified subependymal nodules (98%)
Cortical/subcortical tubers, (70-95%)
White matter lesions along lines of neuronal migration (White matter radial migration lines representing)

53. Which of the following parotid gland tumor shows hot spot on tc99 pertechnate scan?

a) adenolymphoma

b) adenoidcystic ca

c) acinic cell ca

d) Adenocarcinoma

Correct Answer - A

Ans. is 'a' ie adenolymphoma

(a) scan the salivary glands, especially the parotids; and (b) assess salivary gland function.

All salivary tumours produce a `cold' spot on 99mTc (technetium) scan except adenolymphoma (Warthin's tumour) and Oncocytoma. They take up more isotope than the rest of the gland to give a 'hot' spot on scan, so that a definite pre-operative diagnosis can be made without biopsy

54. After removal of the Parotid gland, patient is having sweating on cheeks while eating. In this complication seen after parotidectomy, the auriculotemporal nerve which contains parasympathetic secretomotor fibres to parotid gland is fused with which nerve?

a) Greater petrosal nerve

b) Facial nerve

c) Great auricular nerve

d) Buccal nerve

Correct Answer - C

Ans is 'c' i.e. Great auricular nerve

- Cross innervation between somatic sensory supply (greater auricular) and parasympathetic secretomotor fibers to the parotid is considered to be part of the anatomical basis for the phenomenon of gustatory sweating (Frey's syndrome) seen after parotid surgery, when the nerve is at risk of injury.
- Frey's syndrome (gustatory sweating) is now considered an inevitable consequence of parotidectomy unless preventive measures are taken.
- It results from damage to the autonomic innervation of the salivary gland with inappropriate regeneration of the postganglionic parasympathetic nerve fibers of the auriculotemporal nerve that aberrantly stimulate the sweat **glands of the overlying skin.**

Clinical Features-

- Sweating and erythema (flushing) over the region of surgical excision of the parotid gland as a consequence of the autonomic stimulation of salivation by the smell or taste of food.
 - Sweating is stimulated by salivary stimulation.
- Methods of managing Frey's syndrome include:**
- antiperspirants, usually containing aluminium chloride.
 - denervation by tympanic neurectomy.
 - the injection of botulinum toxin into the affected skin.

55. What is the 1st thing to be done to a patient with tension pneumothorax-

a) Insertion of wide bore needle in the inter costal space

b) Water seal drainage

c) Leave the patient at rest for air to be absorbed

d) None

Correct Answer - A

Ans. is 'a' i.e., Insertion of wide bore needle in the inter costal space

should be immediately released by placement of a large bore needle followed immediately by insertion of a thoracostomy tube.

56.

Sentinel lymph node biopsy is an important part of the management of which of the following conditions?

a) Carcinoma prostate

b) Carcinoma breast

c) Carcinoma lung

d) Carcinoma nasopharynx

Correct Answer - B

Ans. is 'b' i.e., Carcinoma Breast

Sentinel node is first node to receive drainage from the tumor site. The node is most likely to contain metastasis, if metastasis to that regional lymph node basin is present.

Thus the biopsy of sentinel lymph node, helps to decide whether lymph node dissection of that lymphatic region should be done or not. This thus avoids the morbidity of lymph node dissection in patients with negative nodes.

Sentinel lymph node biopsy is done in
Melanoma

Breast cancer

The utility of sentinel lymph node biopsy is being examined in other cancers such as esophageal, gastric, colon and head and neck cancers. (Ref. Schwartz 8/e)

57. A 50 yr. old male presents with obstructive symptoms. Biopsy of stomach reveals Gastrointestinal stromal tumor (GIST). Most appropriate marker for GIST is:

a) CD 34

b) CD 117

c) CD 30

d) CD 10T2 No Mo Anal Cancer

Correct Answer - B

Ans is 'b' i.e. CD 117

- Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumor of the GI tract and are most frequently located in the stomach (60%-70%).
- In 1983, Mazur and Clark coined the term GIST to indicate a distinctive subgroup of GI mesenchymal tumor, which could be classified neither as neurogenic nor as smooth muscle derived tumor. Historically, they were presumed to have smooth muscle origin and classified as leiomyomas, leiomyoblastomas, and leiomyosarcoma.
- They are considered to originate from the interstitial cell of Cajal, an intestinal pacemaker cell.
- Almost all GISTs (and almost no smooth muscle tumors) express c-KIT (CD117) or the related PDGFRA, as well as CD34. Kit is a transmembrane tyrosine kinase receptor, the ligand for which is stem cell factor. The Kit protein is detected by

immunohistochemistry and can reliably distinguish GISTs from true smooth muscle neoplasms. (Note that almost all smooth muscle tumors (and almost no GISTs) express actin and desmin.

- KIT is used not only for diagnosis but also for targeted therapy of GISTs. Imatinib, a tyrosine kinase inhibitor, is widely used in the treatment of advanced and metastatic GISTs and has been recently employed in the neo adjuvant and adjuvant set-up with encouraging results.
- Surgical resection of the localized GIST is the mainstay therapy, as a resection of tumor renders only a chance of cure. The primary goal of surgery is complete resection of the disease with negative margins.
- GISTs are resistant to both chemotherapy and radiotherapy. Therefore until the advent of Imatinib, there was no effective treatment available for the unresectable or metastatic GISTs. The development of Imatinib mesylate has revolutionized the management of this disease.
- Imatinib mesylate (formerly referred to as STI 571, Gleevec™) is a 2-phenylpyrimidine derivative that blocks binding of ATP to ABL tyrosine kinases including c-Kit, c-ABL, bcr-ABL, and the platelet-derived growth factor receptor (PDGFRA). Imatinib was developed as a PDGFR inhibitor. The efficacy of Imatinib mesylate as a tyrosine kinase inhibitor was first assessed in chronic myeloid leukemia (CML), which is associated with mutation in bcrABL tyrosine kinase similar to the role of KIT in GIST.
- Prognosis in patients with GIST tumors depends mostly on tumor size and mitotic count, and metastasis.
- GISTs metastasize through hematogenous route. Usual sites are infra-abdominal, either to the liver, omentum, or peritoneal cavity. (Ref: Devita's Oncology 8/e).

58. An elderly male with a history of 60-pack-year of smoking is now diagnosed with carcinoma lung. Histological evaluation of the tumor revealed small, highly mitotic cells, scant cytoplasm with hyperchromatic nuclei. Which of the following clinical presentation might occur in the patient during the course of his illness?

a) Thin extremities, central obesity

b) Enlarged breasts, increased hair all over the body

c) Psychosocial changes

d) Frequent need for blood transfusions

Correct Answer - A

Ans is 'a' i.e. Thin extremities, central obesity

Small, highly mitotic cells, scant cytoplasm with hyperchromatic nuclei suggest small cell ca. Paraneoplastic syndromes are common in patients with lung cancer, especially those with small cell ca, and may be the presenting finding or the first sign of recurrence. Small cell ca are particularly associated with ACTH and ADH secretion causing Cushing's syndrome and SIADH.

Small Cell Carcinomas have a distinctive cell type. The epithelial cells are relatively small, with scant cytoplasm, ill-defined cell borders, finely granular nuclear chromatin (salt and pepper pattern), and absent or inconspicuous nucleoli. The mitotic count is high. The cells grow in clusters that exhibit neither glandular nor squamous

cells grow in clusters that exhibit neither glandular nor squamous organization. Basophilic staining of vascular walls due to encrustation by DNA from necrotic tumor cells (Azzopardi effect) is frequently present.

Squamous cell carcinoma is characterized by the presence of keratinization and/or intercellular bridges. Keratinization may take the form of squamous pearls or individual cells with markedly eosinophilic dense cytoplasm. Mitotic activity is higher in poorly differentiated tumors.

Adenocarcinomas vary histologically from well-differentiated tumors with obvious glandular elements to papillary lesions resembling other papillary carcinomas to solid masses with only occasional mucin-producing glands and cells. The majority are positive for thyroid transcription factor-1 (TTF-1) and about 80% contain mucin. Large Cell Carcinoma is an undifferentiated malignant epithelial tumor that lacks the cytologic features of small-cell carcinoma and glandular or squamous differentiation. The cells typically have large nuclei, prominent nucleoli, and a moderate amount of cytoplasm.

Paraneoplastic Syndromes.

Lung carcinoma can be associated with several paraneoplastic syndromes, some of which may precede the development of a detectable pulmonary lesion. The hormones or hormone-like factors elaborated include:

- Antidiuretic hormone (ADH), inducing hyponatremia due to inappropriate ADH secretion
 - Adrenocorticotrophic hormone (ACTH), producing Cushing syndrome
 - Parathormone, parathyroid hormone-related peptide, prostaglandin E, and some cytokines, all implicated in the hypercalcemia often seen with lung cancer
 - Calcitonin, causing hypocalcemia
 - Gonadotropins, causing gynecomastia
 - Serotonin and bradykinin, associated with the carcinoid syndrome
- Any one of the histological types of tumors may occasionally produce any one of the hormones, but tumors that produce ACTH and ADH are predominantly small cell carcinomas, whereas those that produce hypercalcemia are mostly squamous cell tumors.

Cushing syndrome

ACTH secretion is almost always associated with small cell carcinoma. About 30% of all cases of SCLC are associated with hypersecretion of ACTH. However, a clinical apparent Cushing syndrome is rare. Cushing syndrome has been described in 1 to 5% of patients with SCLC following symptoms : *Centripetal obesity, facial plethora, glucose intolerance, weakness, proximal myopathy, hypertension, psychological changes, easy bruisability, hirsutism, oligomenorrhea or amenorrhea, impotence, acne, oily skin, abdominal striae, ankle edema, osteoporosis, polydipsia, polyuria, hyperpigmentation, headache, fungal infection specially oral thrush and hypokalimea.*

Treatment with standard medications, such as *metyrapone* and *ketoconazole*, is largely ineffective due to extremely high cortisol levels. The most effective strategy for management of Cushing's syndrome is effective treatment of the underlying SCLC. *Bilateral adrenalectomy* may be considered in extreme cases.

Hypercalcemia resulting from ectopic production of parathyroid hormone (PTH), or more commonly, PTH-related peptide, is the most common life-threatening metabolic complication of malignancy, primarily occurring with squamous cell carcinomas of the lung. Clinical symptoms include nausea, vomiting, abdominal pain, constipation, polyuria, thirst, and altered mental status. If untreated hypercalcaemia may lead eventually to confusion and coma. Renal failure and nephrocalcinosis are late manifestations.

Syndrome of inappropriate antidiuretic hormone secretion

Caused by elevated levels of antidiuretic hormone (ADH)

SIDAH is frequently caused by small cell carcinoma.

Anorexia, nausea, and vomiting are common symptoms. A rapid onset of hyponatremia can cause cerebral edema. This may lead to irritability, restlessness, personality changes, confusion, coma, seizures, and respiratory arrest.

Skeletal–connective tissue syndromes include clubbing in 30% of cases (usually NSCLCs) and hypertrophic primary osteoarthropathy in 1-10% of cases (usually adenocarcinomas). Patients may develop periostitis, causing pain, tenderness, and swelling over the affected bones and a positive bone scan.

Neurologic–myopathic syndromes are seen in only 1% of patients

but are dramatic and include the myasthenic Eaton-Lambert syndrome and retinal blindness with SCLC, while peripheral neuropathies, subacute cerebellar degeneration, cortical degeneration, and polymyositis are seen with all lung cancer types. Paraneoplastic encephalomyelitis and sensory neuropathies, cerebellar degeneration, limbic encephalitis, and brainstem encephalitis occur in SCLC in association with a variety of antineuronal antibodies such as anti-Hu, antiCRMP5, and ANNA-3. Coagulation, thrombotic, or other hematologic manifestations occur in 1-8% of patients and include migratory venous thrombophlebitis (Trousseau's syndrome), nonbacterial thrombotic (marantic) endocarditis with arterial emboli, and disseminated intravascular coagulation with hemorrhage, anemia, granulocytosis, and leukoerythroblastosis. Thrombotic disease complicating cancer is usually a poor prognostic sign. Cutaneous manifestations such as *dermatomyositis* and *acanthosis nigricans* are uncommon (1%).

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For any queries inbox @murtazakuchay

59. Innovation of refrigeration leading to better food preservation has led to decrease incidence of which of the following malignancies?

a) Esophagus

b) Colon

c) Oropharyngeal

d) Stomach

Correct Answer - D

Ans is 'd' i.e. Stomach

"This sharp decline (in gastric cancer) during the 20th century remains an unexplained yet startling phenomenon. The leading theories to explain this change concern the advent of refrigeration and infection with Helicobacter pylori." Int. J. Epidemiol. (2001) 30 (1):181-182

Stomach cancer used to be the most common cause of cancer deaths in the early part of the century. During the later half of the century a dramatic decline in the cancer incidence without any planned intervention was noted. Two major reasons have been advocated for this:

- 1. H. pylori infection: decrease incidence of H. pylori due to improved hygiene and effective drugs.*
- 2. Refrigeration: Refrigerators improved storage of food, thereby reducing intake of salt-based preserved food (high in nitrites and carcinogenic nitrosamines). Refrigeration also allowed for fresh food and vegetables to be more readily available, which are a valuable source of antioxidants important for cancer prevention.*

Salt-preserved foods and dietary nitrite found in preserved food are potentially carcinogenic. Intake of salted food may increase the risk of *H pylori* infection and act synergistically to promote the development of gastric cancer.

60. Axillary abscess is safely drained by which approach?

a) Medial

b) Posterior

c) Lateral

d) Floor

Correct Answer - D

Ans is `d' i.e. Floor

An axillary abscess should be incised through the floor of the axilla, midway between the anterior and posterior axillary folds, and nearer to the medial wall in order to avoid injury to the main vessels running along the anterior, posterior and lateral walls.

An axilla is pyramidal shaped with an apex, a floor or base and 4 walls (anterior, posterior, medial and lateral)

61. Which is NOT true about femoral artery cannulation?

- a) Common femoral artery is cannulated
- b) Single wall puncture is indicated in those with normal coagulation profile
- c) Femoral artery is catheterised at medial third of femoral head
- d) Seldinger technique is used both for femoral artery and vein

Correct Answer - B

Ans is 'b' i.e. Single wall puncture is indicated in those with normal coagulation profile

Single wall puncture is indicated in those with coagulopathy as there is more risk of bleeding in double wall puncture technique.

- **Arterial access** is obtained for **hemodynamic monitoring** (blood pressure monitoring, blood gases monitoring) in an intensive care unit, or for the purpose of **arteriography and intervention** as in vascular surgical patients.
- The **femoral artery** is one of the most frequently cannulated arteries in the body. It is commonly used for arterial access for the purpose of **arteriography** in the vascular surgical patient. It is a **large-caliber vessel** that is appropriate for using the larger-profile devices for **angioplasty and stenting of the peripheral vessels**. It is also commonly used in cardiac catheterization for the purpose of **coronary angiography** and for coronary interventions.
- The **radial artery** is the **most frequently used site** of arterial cannulation *for hemodynamic monitoring* because it is technically easy to cannulate and has a low complication rate, in part due to the good collateral circulation of the hand.
- The femoral artery is the second most cannulated artery for

haemodynamic monitoring. It provides a **more accurate estimation of central (aortic) pressure than the radial artery**. Its large-caliber is appropriate for using the larger-profile devices for angioplasty and stenting of the peripheral vessels.

- Femoral artery catheter complications are infrequent but are more complicated than that of the radial artery.
- For femoral arterial access, the puncture is made in the **common femoral artery**. A puncture site above the inguinal ligament, in the external iliac artery, or distally in the superficial femoral or profunda femoris artery is problematic.

Disadvantage of external iliac artery:

- *The external iliac artery is located in the retroperitoneal space, making this artery difficult, to compress and achieve postprocedure hemostasis. (a puncture in this region can result in potentially catastrophic complication of retroperitoneal hemorrhage.)*

Disadvantage with superficial femoral or external iliac artery:

- *these arteries are substantially smaller in caliber and have a higher incidence of postprocedure thrombosis. - higher incidence of pseudoaneurysm*

- *Additionally, the superficial femoral artery is often heavily diseased.*

- **Localization of Common femoral artery (CFA):**

The CFA begins immediately behind the inguinal ligament, midway between the anterior superior spine of the ilium and the symphysis pubis. (A line connecting these two bony structures represents the inguinal ligament) Just below the inguinal ligament (one to two fingerbreadths distal to the inguinal ligament) the artery is closest to the surface of the skin and easily accessible. This is the optimal location of cannulation.

The femoral artery is identified in the inguinal region by its pulsation.

If fluoroscopy is being used, the femoral artery is typically located over the medial third of the femoral head. Note that the groin crease is unreliable in locating the ideal site of puncture and should not be used as a landmark.

- Femoral artery cannulation can be done using the Seldinger technique. The **Seldinger technique** is a medical procedure to obtain safe access to blood vessels (both arteries and veins) and other hollow organs.

- There are **two methods of arterial wall puncture**: the double-wall puncture and the single-wall puncture.
- The **double-wall puncture** involves penetrating both the anterior and posterior walls with the needle and then withdrawing the needle slowly until pulsatile blood flow is confirmed. This method is associated with a higher incidence of complications but is relatively easier.
- In the **single-wall puncture** technique, only the anterior wall of the artery is punctured with the needle, which is confirmed by pulsatile blood flow through the needle. Single wall puncture is usually the recommended technique.
- These two techniques can be used interchangeably and depends on the operator's preference, however-**Single wall puncture is indicated** in patients with **coagulopathy** or if **thrombolysis** is planned because of the increased risk of bleeding in double wall technique.
- **Complications of femoral artery cannulation:**
 - *haemorrhage* - *Arteriovenous fistulae*
 - *arterial dissection* - *pseudoaneurysm*
 - *arterial thrombosis*

62. Regular drinking of which of the following fruit juices can prevent UTI:

a) Raspberry

b) Grape

c) Cranberry

d) Orange

Correct Answer - C

Ans. is 'c' i.e. Cranberry

- Cranberry juice has been traditionally used for the treatment and prophylaxis of urinary tract infection.
- Recent randomized controlled trials have demonstrated its utility in *prophylaxis of UTIs* but *not for treatment*.

63. A Toddler has few drops of blood coming out of rectum. Probable diagnosis is

a) Juvenile Rectal Polyp

b) Adenoid Poliposis Coli

c) Rectal Ulcer

d) Piles

Correct Answer - A

Ans is 'a' i.e. Juvenile Rectal Polyp

"The aetiology and management of rectal bleeding depends on the age of the child, the type and quantity of bleeding and the associated symptoms. Unlike adults, malignancy is exceptionally rare. In infants, an anal fissure, necrotising enterocolitis, intussusception and allergic enterocolitis are possible causes. In older children, more common causes include an anal fissure, a juvenile polyp and certain gastroenteritides (e.g. Campylobacter infection); Meckel's diverticulum, duplication cyst and inflammatory bowel disease are less common."- Bailey and Love

- Juvenile polyps are the most common type of childhood polyp, occurring in up to 1% of preschool children. They are usually solitary polyps found in the rectum which most commonly present with rectal bleeding.
- These are hamartomatous polyps, which are usually pedunculated but can be sessile.
- *"The typical child with a juvenile polyp is 4 to 6 years of age, presents with intermittent painless rectal bleeding with bowel movements."- Rudolph's Pediatrics*
- Juvenile polyps are usually are not premalignant.
- Because the gross appearance of these polyps is identical to

adenomatous polyps, these lesions should also be treated by polypectomy.

- *Juvenile polyposis* is a term used when more than 5 to 10 juvenile polyps develop.

Juvenile polyposis coli applies if the polyps are limited to the colon, whereas *Generalized juvenile polyposis* describes the presence of polyps throughout the GI tract. Both have a significant malignant potential.

- Other mentioned options are rare in children.

Familial Adenomatous Polyposis (FAP) patients present in 2nd to 3rd decade. *Rectal ulcer (solitary rectal ulcer)* is commonly seen in 20 to 40 yrs age group.

Piles are rare in children. (Ref: Rudolph's Pediatrics, 21/e Chapter 17.22)

64. Peau d'Orange of breast is due to:
September 2005, 2010, March 2007

a) Obstruction of Vein

b) Obstruction of lymphatic ducts.

c) Obstruction of glandular ducts

d) Obstruction of arteries

Correct Answer - B

Ans. B: Obstruction of lymphatic ducts

Inflammatory breast cancer (IBC) is a very aggressive type of breast cancer in which the cancer cells block the lymph vessels in the skin of the breast.

This type of breast cancer is called "inflammatory" because the breast often looks swollen and red, or "inflamed", sometimes overnight, and can be misdiagnosed as mastitis.

Invasion of the local lymphatic ducts impairs drainage and causes edematous swelling of the breast. Because the skin of the breast is tethered by the suspensory ligament of Cooper, the accumulation of fluid may cause the skin of the breast to assume a dimpled appearance similar to an orange peel (peau d'orange).

IBC is sometimes misdiagnosed as an insect bite or breast infection. In the case of IBC, a lump is usually not present as in other forms of breast cancer.

65. A patient *with* head injury opens eyes on painful stimulus, uses inappropriate words and localizes pain. What is his GCS score:
September 2012

a) 8

b) 10

c) 12

d) 14

Correct Answer - B

Ans. B i.e. 10

GCS score = E + M + V

Eye opening scores

See the list below:

- 4: Spontaneously
- 3: To verbal command
- 2: To pain
- 1: No response

Best motor response scores

See the list below:

- 6: Obeys command
- 5: Localizes pain
- 4: Flexion withdrawal
- 3: Flexion abnormal (decorticate)
- 2: Extension (decerebrate)

- 1: No response

Best verbal response scores

See the list below:

- 5: Oriented and converses
- 4: Disoriented and converses
- 3: Inappropriate words; cries
- 2: Incomprehensible sounds
- 1: No response

66. A patient sustained RTA and endotracheal intubation was done. Most likely GCS score of such a patient would be:
March 2013 (b, c, d)

a) 8

b) 10

c) 12

d) 15

Correct Answer - A

Ans. A i.e. 8

Patients with severe head injury, an altered level of consciousness, or a Glasgow Coma Scale (GCS) score of 8 or less usually require placement of a definitive airway.

Orotracheal or nasotracheal intubation can be attempted with cervical spine precautions if a second person maintains axial immobilization of the head to prevent destabilization of the spine.

In this patient, GCS score was 8, so endotracheal intubation was done to secure airway.

You don't have to calculate the GCS score of this patient after intubation.

67. All of the following are true about hernia surgery except:

a) Surgery should not be done unless patient becomes symptomatic

b) Hernia in children is treated with herniotomy

c) Absorbable mesh should not be used for surgery

d) Surgery can be done using laparoscopy

Correct Answer - A

Ans. a. Surgery should not be done unless patient becomes symptomatic

- Sabiston says "Most surgeons recommend operation on discovery of an inguinal hernia because the natural history of a groin hernia is that of progressive enlargement and weakening, with the potential for incarceration and strangulation."
- Bailey says " The basic operation is inguinal herniotomy, which entails dissecting out and opening the hernial sac, reducing any content and then transfixing the neck of the sac and removing the remainder. It is employed either by itself or as the first step in a repair procedure (herniorrhaphy). By itself, it is sufficient for the treatment of hernia in infants, adolescents and young adults. "
- Non-absorbable mesh is used in hernia surgery. Surgery can be done using laparoscopy (TEP or TAPP)

68. Patient presents with varicose vein with sapheno-femoral incompetence and normal perforator. Management options include all of the following except

a) Endovascular stripping

b) Sclerotherapy

c) Sapheno-femoral flush ligation

d) Saphenofemoral flush ligation with stripping

Correct Answer - B
Ans. b. Sclerotherapy

69. A 70 years old man with prostate cancer was given radiotherapy. The recurrence of the cancer is monitored biochemically by:

a) Androgens only

b) Prostate specific antigen and carcinoembryonic antigen

c) Prostate specific antigen only

d) ALP and CEA

Correct Answer - C

Ans. c. Prostate specific antigen only

Cancer control (in CA Prostate) after radiotherapy has been defined by various criterias including: (*Harrison 18/e p801*) A decline in PSA to less than 0.5 or 1 ng/ml

"Non-rising" PSA values

Negative biopsy of the prostate 2 years after completion of the treatment

The current standard definition of biochemical failure (the Phoenix definition) is a rise in PSA by >2 ng/ml higher than the lowest PSA achieved

70. A patient has a surgical cause of obstructive jaundice. USG can tell all of the following except

a) Biliary tree obstruction

b) Peritoneal deposits

c) Gall bladder stones

d) Ascites

Correct Answer - B

Ans. b. Peritoneal deposits

- Peritoneal deposits are not detected by ultrasound. Even CECT can miss the peritoneal deposits. Best investigation for diagnosis of peritoneal deposits is diagnostic laparoscopy.

Ultrasound:

- Initial imaging modality of choice in obstructive jaundice^Q
- It can identify intra- and extrahepatic biliary dilatation^Q
- Ascites can be detected by ultrasound.
- USG is IOC for acute calculous cholecystitis, chronic cholecystitis and cholelithiasis

Ultrasonography

- Initial imaging modality of choice in obstructive jaundice^o
- It is operator dependent and maybe suboptimal due to excessive body fat and intraluminal bowel gasp

USG can demonstrate

Size of GB and	Biliary
CBD ^Q	calculi ^Q
	Occasionally,
	presence of

Thickness of GB wall stones within
the biliary
tree^Q

Presence of
inflammation^Q around
GB

Ultrasonography

USG in obstructive jaundice

- Initial imaging modality of choice in obstructive jaundice^Q
- It can identify intra- and extrahepatic biliary dilatation^Q
- Identify the level of obstruction^Q
- Cause of the obstruction') may also be identified (gallstones in the gall bladder, common hepatic or CBD stones or lesions in the wall of the duct suggestive of a cholangiocarcinoma or enlargement of the pancreatic head indicative of a pancreatic carcinoma)^Q

71. A patient presents to you with the features of biliary obstruction. He gives history of the consumption of fish while on the trip. Which of the following is most probable etiology

a) Clonorchis sinensis

b) Ancylostoma

c) Strongyloides

d) Enterobius

Correct Answer - A

Ans. a. Clonorchis sinensis

Clonorchis sinensis is a liver fluke, acquired by ingestion of raw or inadequately cooked freshwater fishes.

In human body, it lives within bile ducts and causes inflammatory reaction leading to cholangiohepatitis and biliary obstruction°.

It is a well known risk factor for cholangiocarcinoma.

It is a rare, but mentioned risk factor for carcinoma gall bladder

72. With the knowledge of anatomy of the pelvis and perineum, which of the following is true regarding collection of urine in urethral rupture above deep perineal pouch?

a) Medial aspect of thigh

b) Scrotum

c) True pelvis only

d) Anterior abdominal wall

Correct Answer - C

Ans. c. True pelvis only

(Ref Smith's Urology 17/e p291-29)

73. A child was hospitalized for small intestine mass with intussusception and after resection the tumor was diagnosed in histological section. Which is the most likely tumor associated

a) Carcinoid

b) Villous adenoma

c) Lymphoma

d) Smooth muscle tumor

Correct Answer - C

Ans. c. Lymphoma

- Most common tumor of small bowel in children is lymphoma, which can lead to intussusception

Small-Bowel Neoplasm

- MC tumor of small bowel: Leiomyoma^o >Adenoma^Q
- MC tumor of small bowel in children: Lymphoma^Q
- MC malignant tumor of small bowel: Carcinoid >Adenocarcinoma^Q
- MC site of small bowel malignancy, carcinoids, lymphoma: Ileum^Q

Lead Points in Intussusception:

- Approximately 5-10% of cases have a true pathologic lead point. The older the toddler, the more likely there will be a lead point^Q.
- MC lead point is Meckel's diverticulum^Q
- *Most common tumor of small bowel in children is lymphoma, which can lead to intussusception*
- Other lead points include polyps (villous adenoma), the appendix, intestinal duplication, foreign bodies, and tumors such as

hamartomas associated with Peutz-Jeghers syndrome.

74. All are true about radiological features of the intestinal obstruction except:

- a) Absence of air fluid level in straight X-ray rules out any obstruction
- b) Volvulus and mesenteric ischemia has a specific feature
- c) Small intestine dilatation >3 cm
- d) Distal large intestine >9 cm and proximal intestine >5 cm

Correct Answer - A

Ans. a. Absence of air fluid level in straight X-ray rules out any obstruction

(Ref Sabiston 19/e p1236-1244; Schwartz 9/e p988-992; Bcutey 25ze p1189-1191; Schackelford 7/e p864-872; Suttoi, s Radiolo,,• 7/e p669)

Absence of air fluid level in straight X-ray does not rule out intestinal obstruction.

Small Bowel Obstruction: (Sabiston 19/e p1236-1244)

Characteristic findings on supine radiographs are dilated loops of small intestine without evidence of colonic distention Upright radiographs demonstrate multiple air-fluid levels which often layer in stepwise pattern

75. A middle aged patients present with the complained of right hypochondrial pain. On X-ray, elevated right hemidiaphragm was seen. All of the following are the possible diagnoses except

a) Subphrenic abscess

b) Acute cholecystitis

c) Pyogenic liver abscess

d) Amoebic liver abscess in right lobe

Correct Answer - B

Ans. b. Acute cholecystitis

Causes of Elevated Hemidiaphragm

Above the diaphragm

- Decreased lung volume:
- Atelectasis/collapse
- Lobectomy/pneumonectomy
- Pulmonary hypoplasia

Diaphragm

- Phrenic nerve palsy
- Diaphragmatic eventration
- Contralateral CVA: usually MCA distribution

Below the Diaphragm

- Abdominal tumour
- Subphrenic abscess
- Liver abscess (Amebic and pyogenic)

Radiological findings of Acute Cholecystitis

- USG findings: Presence of gallstones, thickening of the GB wall (>4 mm), pericholecystic fluid, GB distention
- USG: IOC for diagnosing acute cholecystitis^Q (sensitivity 85%, specificity 95%).
- HIDA scan: Gold standard^o for diagnosing acute cholecystitis
- HIDA scan: No filling of GB with the radiotracer (^{99m}Tc-HIDA) after 4 hours indicates an obstructed cystic duct^Q

76. An adult hypertensive male presented with sudden onset severe headache and vomiting. On examination, there is marked neck rigidity and no focal neurological deficit was found. The symptoms are most likely due to:

a) Intracerebral parenchymal hemorrhage

b) Ischemic stroke

c) Meningitis

d) Subarachnoid hemorrhage

Correct Answer - D

Ans. d. Subarachnoid hemorrhage

The most likely diagnosis here is a **subarachnoid bleed (SAH)**.

- The most common cause is **trauma** and is managed conservatively. The second most common cause is a rupture of a berry aneurysm.
- The typical presentation of a subarachnoid hemorrhage includes a **'thunderclap' headache**.
- Meningitic features of **neck stiffness** and **photophobia** often develop over hours.
- Computed tomography (**CT**) is the investigation of choice.
- **Lumbar puncture** should be performed if the CT scan fails to establish the diagnosis of SAH; it shows a **xanthochromic** blood picture.
- Delayed ischemic neurological deficit (**DIND**) is attributed to vasospasm of the cerebral vasculature typically developing 3–10 days following ictus. It is the **main cause of a poor outcome**.

- **Endovascular treatment** ("coiling") is generally preferred over craniotomy and clipping for aneurysms amenable to this approach.

77. Most important pathophysiological cause of GERD is:

a) Hiatus hernia

b) Transient LES relaxation

c) Hypotensive LES

d) Intermittent changes in LES pressure tone

Correct Answer - B

Ans. b. Transient LES relaxation

- LES has the primary role of preventing reflux into the esophagus. The most important pathophysiological cause of GERD is transient LES relaxation.
- Most episodes of physiological reflux occur during postprandial transient LES relaxations (TLESRs).
- In the early stages of GERD, most pathological reflux occurs as a result of an increased number of TLESRs rather than a persistent fall in overall sphincter pressure.
- In more severe GERD, LES pressure tends to be generally low, and this loss of sphincter function seems to be made worse if there is the loss of an adequate length of the intraabdominal esophagus.
- GERD is associated with complications such as esophageal ulcerations (5%), peptic strictures (4-20%), and Barrett's esophagus (8-20%).

78. Which of the following is true about epigastric hernia

- a) Always above the umbilicus and in midline
- b) May be above or below the umbilicus but always in midline
- c) Always above the umbilicus on either side of midline
- d) Can be seen anywhere on abdomen

Correct Answer - C

Ans. c. Always above the umbilicus on either side of midline

Epigastric hernias are located always above the umbilicus on either side of midline.

Epigastric Hernia:

- Located between the xiphoid process and umbilicus
- Multiple in up to 20% of patients, and about 80% are just off^s the midline.
- Usually within 5 to 6 cm of the umbilicus

Epigastric hernia (Fatty hernia of the linea alba, Epigastric Lipoma)

- About 3% to 5% of the population has epigastric hernias.
- More common in men.^Q
- Located between the xiphoid process and umbilicus^Q
- Multiple in up to 20% of patients, and about 80% are just off^o the midline.
- Usually within 5 to 6 cm of the umbilicus
- Defects are small and often produce pain out of proportion to their size owing to incarceration of preperitoneal fat.

Clinical features

- Majority of these hernias are asymptomatic

- Sometimes, such a hernia gives rise to attacks of local pain. This may be because the fatty contents become nipped sufficiently to produce partial strangulation°.
- Referred pain: It is not uncommon to find that the patient, who may not have noticed the hernia, complains of pain suggestive of a peptic ulcer^Q.

Treatment

- Repair usually consists of excision of the incarcerated preperitoneal tissue and simple closure of the fascia! defecte.

79. Which of the following jaw cyst is pre-malignant?

a) Nasopalatine cyst

b) Radicular cyst

c) Odontogenic keratocyst

d) Dentigerous cyst

Correct Answer - C

Ans. c. Odontogenic keratocyst

Odontogenic keratocysts are characterized by an epithelial lining that is parakeratinized and stratified. It is characterized by basal layer of neatly arranged, palisaded, columnar and cuboidal cells above which are several layers of squamous epithelium. This lining has a high mitotic rate and rarely may become dysplastic and develop into squamous cell carcinoma^s. "- Scott-Brown's Otorhinolaryngology

Nasopalatine duct cyst:

- Relatively common non-odontogenic, developmental cyst
- Arises from embryonic remnants of the nasopalatine duct
- Occurs in palatal midline behind the maxillary central incisors in the region of incisive canal
- Usually asymptomatic; may be associated with salty discharge
- Surgical enucleation via palatal flap is treatment of choice

Radicular cyst (Periapical cyst):

- Most common type of jaw cyst
- Develops at the apex of an infected, nonvital tooth
- Bimodal incidence within the 3rd and 6th decade
- Rarely seen in primary dentition

- Usually presents as radioluscent lesion around the apex of a tooth root
- Lined by proliferative epithelium of the non-keratinizing type with an intense inflammatory infiltrate
- Normally resolve spontaneously if the infection in the associated tooth is controlled by root canal therapy
- For persisting and larger lesion: Enucleation
- **Dentigerous Cyst:**
- 2nd Most common type of jaw cyst
- Arises from unerupted teeth^Q
- MC in lower 3rd molars
- Cyst also contain unerupted teeth^Q
- X-ray shows: Unilocular cyst or soap bubble appearance^Q
- Treatment of choice: Enucleation
- **Odontogenic Keratocyst**
- Odontogenic keratocyst is locally aggressive and has a high rate of recurrence^Q.
- Most often diagnosed in patients between 10-40 years^Q.
- Occur most commonly in males within the posterior mandible, particularly in the region of 3rd molar tooth^Q.
- Radiographically present as well-defined unilocular or multilocular radiolucencies
- Odontogenic keratocysts are characterized by an epithelial lining that is parakeratinized and stratified.
- It is characterized by basal layer of neatly arranged, palisaded, columnar and cuboidal cells above which are several layers of squamous epithelium. This lining has a high mitotic rate and rarely may become dysplastic and develop into squamous cell carcinoma^Q.
- **Treatment:**
- Aggressive and complete removal of the lesion
- Recurrence rates for inadequately removed lesions can reach 60%^Q

80. A 40-year old lady presents with large left parietal convexity meningioma with perilesional edema. She is scheduled for surgery the next day. A senior neurosurgeon asks a junior resident to write the pre-op notes for the lady. Which of the following pre-op notes written by him is wrong

a) Anti-epileptic treatment

b) Wash head with shampoo

c) Antibiotic sensitivity

d) Stop steroids

Correct Answer - D

Ans. d. Stop steroids

Perilesional edema or vasogenic edema responds to steroids thus lowering the intracranial pressure. Therefore steroids are to be continued and morning dose has to be taken

81. A toddler has few drops of blood coming out of rectum Probable diagnosis is:

a) Juvenile rectal polyp

b) Adenomatous Polyposis Coli

c) Rectal ulcer

d) Piles

Correct Answer - A

Ans. a. Juvenile rectal polyp

Juvenile polyposis syndrome (JPS) is a genetic disorder in which growths, called polyps, are found on the lining of the the gastrointestinal (GI) tract.

Causes-

Bleeding from the rectum

Blood in your stool

Diarrhea

Constipation

Cramping/abdominal pain

Anemia - a shortage of red blood cells causing weakness or fatigue (extreme tiredness)

82. A young female presents with dysphagia for the past 2 years. She also complains of intermittent chest pain. Barium swallow shows dilation of the esophagus with narrowing of distal esophagus. The treatment of choice is:

a) Heller's cardiomyotomy

b) Esophagectomy

c) Dilatation

d) Proton pump inhibitors

Correct Answer - A

Ans. a. Heller's cardiomyotomy

(Ref Sabiston 19/e p1025-1028, Schwartz 9/e p850-851 857-860 Bailey 26/e p1014-1017, 25/e p1036-1038, Shackelford 7/e p349-352, 354-361)

The features of dysphagia, intermittent chest pain and dilation of esophagus with narrowing of its distal end on radiology in a young female suggest a diagnosis of achalasia. Treatment of choice for achalasia cardia is Heller's cardiomyotomy.

Treatment-

1. Modified laparoscopic Heller's cardiomyopathy is the choice of surgery
2. Injection Botulinum toxin- LOS endoscopically
3. Drugs- sublingual nifedipine
4. Endoscopic myotomy



83. Cancer management in which of the following malignancies has dramatically increase the survival

a) Glioblastoma multi forme

b) Esophageal carcinoma

c) ALL in children

d) Cholangiocarcinoma

Correct Answer - C

Ans. c. ALL in children

Acute leukemia is the most common form of cancer in children, comprising approximately 30 percent of all childhood malignancies. Of the acute leukemias, acute lymphoblastic leukemia (ALL) occurs five times more commonly than does acute myeloid leukemia (AML). Survival rates for ALL have improved dramatically since the 1980s, with a current five-year overall survival rates estimated at greater than 85 percent This improvement in survival is due to treatment of a large number of children on sequential standardized research protocols."- <http://www.uptodate.com/Overview> of the outcome of acute lymphoblastic leukemia in children Terzah M Horton, MD, PhD "Prognosis of ALL: The survival rate has improved from zero, four decades ago to 20-75 percent currently, largely due to clinical trials on new chemotherapeutic agents and improvements in stem cell transplantation (SCT) technology. New drugs, and matching treatment to the genetic characteristics

84. Diagnosis of Barrett's esophagus is made by demonstration of columnar mucosa, which on histopathology shows:

a) Squamous metaplasia

b) Intestinal metaplasia

c) Squamous dysplasia

d) Intestinal dysplasia

Correct Answer - B

Ans. b. Intestinal metaplasia

Diagnosis of Barrett's esophagus is made by demonstration of columnar mucosa, which on histopathology shows Intestinal metaplasia.

"Barrett esophagus is a complication of chronic GERD that is characterized by intestinal metaplasia within the esophageal squamous mucosa.

Barrett's Esophagus

- Metaplasia of esophageal squamous epithelium into columnar in distal° esophagus
- It is consequence of severe reflux esophagitis°
- MC type of columnar epithelium is intestinal epithelium (Intestinal metaplasia^Q)
- Barrett's esophagus requires both endoscopically visible segment of columnar lining of distal esophagus and intestinal metaplasia showing goblet cells on biopsy

Columnar epithelium in Barrett's esophagus

- Intestinal type^Q: MC type, most commonly associated with dysplasia and carcinoma

- Junctional type
- Fundic type
- Metaplasia characteristically affects distal esophagus
- More common in men, whites and with increasing age^Q
- Premalignant condition for adenocarcinoma^Q

Complications of Barrett's Esophagus

- Can lead to chronic peptic ulceration of esophagus (Barrett's ulcer)^Q
- Can lead to high (midesophageal) and long strictures^Q.

85. In a patient with carcinoma breast stage T4b, as per TNM classification, is defined by all of the following except

a) Nipple retraction

b) Skin ulcer over the swelling

c) Dermal edema

d) Satellite nodules

Correct Answer - A

Ans. a. Nipple retraction

(*MI: Schwartz We p452; Sabi.ston 19/e p847; Bailey 25/e pS4I*)

T4a: Extension to **chest wall**, not including pectoralis muscle

T4b: **Edema** (including peau d'orange) or **ulceration** of skin,

or **satellite skin nodules** confined

to the same breast

T4c: Both T4a and T4b

86.

A person underwent laparotomy for Crohn's disease with melena. A 15 cm segment of ileum was found to be diseased. Segmental resection with healthy margins and end-to-end anastomosis was done. On 7th post-operative day, the patient developed anastomotic leak. He continued to have 150-200 ml fistula output for the next 7 days. There was no collection of fluid in the abdomen and now patient is stable. The ideal management is:

- a) Continue conservative management and expect the fistula to heal
- b) Laparotomy and revision of the fistula, if margins are healthy
- c) Laparotomy with dismantling of fistula and exteriorization
- d) Laparotomy and assessment. If lateral leak is present, only lavage and drainage

Correct Answer - A

Ans. a. Continue conservative management and expect the fistula to heal

In the patient there was no collection of fluid in the abdomen and patient is stable. The ideal management is continuing conservative management and expects the fistula to heal.

"Most of enterocutaneous fistulas heal spontaneously within 4-6

weeks of conservative management^Q. If closure is not accomplished after this time, surgery is indicated

Treatment of Enterocutaneous Fistula

- Successful management requires establishment of controlled drainage, usually using a sump suction apparatus;
- management of sepsis; prevention of fluid and electrolyte depletion; protection of the skin; and provision adequate nutrition^Q.
- When sepsis has been controlled and nutritional therapy has been instituted, a course of conservative management^Q should be followed.
- Most of these fistulas heal spontaneously within 4-6 weeks of conservative management^Q. If closure is not
- accomplished after this time, surgery is indicated
- This period of conservative management not only allows those fistulas to heal spontaneously but also allows
- optimization of nutritional status and control of the wound and fistula sites⁰.
- Also, a reasonable delay permits the peritoneal reaction and inflammation to subside, thus making a second
- operation easier and safer^Q
- Preferred operation: Fistula tract excision and segmental resection of the involved segment of intestine
- and reanastomosis^Q.
- Simple closure of the fistula after removing the fistula tract almost always results in a recurrence of the fistula.
- If an unexpected abscess is encountered or if the bowel wall is rigid and distended over a long distance, thus making

87. A 40-year old male presents with history of vomiting of blood 2 hours ago. The volume of vomitus was estimated to be 500 ml. His BP was 90/58 mm Hg and pulse was 110/min. On abdominal examination, the spleen was palpable 5 cm below the costal margin. The most likely cause of the bleeding is

a) Portal hypertension

b) Gastric ulcer

c) Duodenal ulcer

d) Drug-induced mucosal erosion

Correct Answer - A

Ans. a. Portal hypertension

Ref Sabiston 19/e p1164)

Splenomegaly and massive bleeding leading to hypotension and tachycardia in the patient are in favor of portal hypertension.

Consequence of both increased portal vascular resistance and increased portal flow^o.

Portal hypertension results in splenomegaly with enlarged, tortuous, and even aneurysmal splenic vessels. *Splenomegaly frequently is associated with hypersplenism, causing leukopenia, thrombocytopenia*

88. The most common early post-operative complication of ileostomy is:

a) Obstruction

b) Necrosis

c) Diarrhea

d) Prolapse

Correct Answer - B

Ans. b. Necrosis

- Stoma necrosis may occur in the early post-operative period and usually is caused by skeletonizing the distal small bowel and/or creating an overly tight fascia! defect

Stomal Complications

Early (RAPID-0)	Late (SPF- GO
Stoma Retraction*	Stenosis°
Abscess formation	Prolapse°
Poor location	Parastomal hernia°
Ischemic necrosis	Fistula formation°
Detachment	gas
Opening wrong end	Odor

Stoma! Complications

Early (RAPID-0)	Late (SPF- GO)
--------------------	-------------------

Peristomal	Parastomal
Excioriation ^Q	varices
skin	Dermatitis* Dermatoses
	Cancer
	Skin
	manifestations
	of IBD
	Bowel
	obstruction ^Q
High	Nonclosure
output*	

89. A female patient presented with left iliac fossa pain for the past 6 months. On investigation, a 3 cm left renal pelvic stone was found with no hydronephrosis, normal functioning kidneys on both sides and no distal obstruction. The ideal management would be

a) Percutaneous nephrolithotomy (PCNL)

b) Extra-corporeal shock wave lithotripsy (ESWL)

c) Laparoscopic nephrolithotomy

d) Medical dissolution therapy with oral potassium citrate

Correct Answer - A

Ans. a. Percutaneous nephrolithotomy

(Ref Campbell 10/e p1380-1381, 1399-1405; Bailey 26/e p1294, 25/e p1300-1302)

For patients with stone between 10 and 20 mm, ESWL can still be considered a first-line treatment unless factors of stone composition, location, or renal anatomy suggests that a more optimal outcome may be achieved with a more invasive treatment modality (PCNL or ureteroscopy).

Patients with stone larger than 20 mm should primarily be treated by PCNL, unless specific indications for ureteroscopy are present (e.g. bleeding diathesis, obesity)."- Campbell 10/e p1381

90. Which of the following is used to treat hormone-responsive breast cancer?

a) Cyproterone acetate

b) Clomiphene citrate

c) Diethylstilbestrol

d) Tamoxifen

Correct Answer - D

Ans. d. Tamoxifen

"Tamoxifen was first synthesized in 1966 and initially developed as an oral contraceptive but instead was found to induce ovulation and proved to have an anti-proliferative effect on estrogen-dependent breast cancer. Tamoxifen is a competitive inhibitor of estradiol, binding to the estrogen receptor. It has become a standard agent as a result of its anti-cancer activity and good tolerability profile. Tamoxifen is prescribed for the prevention of breast cancer in high-risk patients, for the adjuvant therapy of early stage breast cancer, and for the therapy of advanced breast cancer. It also prevents development of breast cancer in women at high risk based on a strong family history, prior non-malignant breast pathology, or inheritance

Tamoxifen

- Tamoxifen is a standard hormonal treatment of breast cancer in both premenopausal and postmenopausal women
- Tamoxifen is effective in Estrogen Receptor (ER) positive breast carcinoma but some ER negative tumors also respond to tamoxifen.
- Tamoxifen is approved for primary prophylaxis of breast cancer in high-risk women
- It reduces the recurrence rate of breast cancer in ipsilateral as well

contralateral breast Tamoxifen is associated with reduced risk of cancer in the contralateral breast°.

- Dose: 10 mg BD X 5-yearse
- While tamoxifen blocks estrogen receptors on the breast, it stimulates these receptors in the uterus (because tamoxifen is a partial agonist of ER), may lead to endometrial hyperplasia and endometrial cancer
- Potent antagonist in breast carcinoma cells, blood vessels and at some peripheral sites^Q

Partial agonist in the uterus, bone, liver and pituitarye

Adverse Effects of Tamoxifen

Hot flushes,

nausea and Endometrial

vomiting cancer^Q

(MC)^Q

Menstrual
irregularities^Q

vaginal

bleeding, Thromboembolism^Q

discharge,

pruritus

vulvae and

dermatitis

Cataract^Q

Retinal deposits

and decreased

visual acuity

91. After doing a graft repair of a thoraco-abdominal aneurysm, the patient was not able to move both of his lower limbs. Most probable cause is

a) Damage to thoracic splanchnic nerve

b) Damage to lumbar spinal nerves

c) Ischemia of lower limbs

d) Insufficiency of arteria magna radicularis

Correct Answer - D

Ans. d. Insufficiency of arteria magna radicularis

92.

In deceleration accident, which of the following fixed part of aorta is not ruptured

a) At the level of aortic valve

b) Behind the esophagus

c) Where it pierces the crura of diaphragm

d) At ligamentum arteriosum

Correct Answer - B

Ans. b. Behind the esophagus

"The majority of blunt injuries to the thoracic aorta occur at aortic isthmus just distal to the left subclavian artery. Other locations include the transverse arch, proximal ascending aorta, and descending aorta just proximal to the diaphragm."- Sevitt S. The mechanisms of traumatic rupture of the thoracic aorta. Br J Surg 1977; 64; 166

"Tethering of aorta by the ligamentum arteriosum is believed to account for the high frequency of aortic injury in the isthmus region."

Traumatic Aortic Rupture

- Traumatic aortic rupture is a cause of sudden death after an automobile collision or fall from a great height°.
 - Vessel is relatively fixed distal to the ligamentum arteriosum, just distal to the origin of the left subclavian artery°.
 - Causes: Trauma to the chest, Rapid deceleration injury
- Clinical Presentation:**
- Traumatic aortic rupture is lethal in 75-90% of patients and only 15-20% arrive at the hospital alive°.
 - Approx. 90% of those who arrive alive at the hospital have an injury in the region of the aortic isthmus >Injuries to the ascending aortae.
 - Usually associated with other injuries like solid organ.

Diagnosis:

- X-ray chest: Widened mediastinum
- Aortography: Gold standard for diagnosis
- Contrast enhanced CT, Trans-esophageal Echocardiography (TEE) is useful in making diagnosis.

Traumatic Aortic Rupture**Clinical Features**

- History of high-speed deceleration^Q injury
- Flail chest^Q
- Fractured sternum^Q
- SVC syndrome^Q
- Multiple or 1st or 2nd rib fractures^Q
- Upper extremity hypertension or pulse deficits^Q
- Hematoma in the carotid sheaths^Q
- Interscapular bruits^Q
- Hoarseness with normal larynx^Q

Radiographic Features

- Widening of mediastinum^o (70%)^Q
- Esophageal deviation to the right^Q
- Tracheal deviation to right^Q
- Left^o apical cap (65%)^Q
- Downward displacement of left main stem bronchus^Q
- Right paratracheal stripe thickening^Q
- Deviation of NG tube to right^Q
- Left hemothorax^Q
- Displaced left paraspinal stripe^Q
- Displaced right paraspinal stripe^Q

Treatment:

- Control of systolic BP to less than 100 mm Hg^Q
- Endovascular intra-aortic stenting^Q
- Direct repair or excision and grafting using a Dacron graft^Q

93. A 40 year old male patient presented with mild abdominal pain, mild constipation with a feeling of incomplete evacuation and mucus in stools for the past 4 years. On examination, tenderness is present in left iliac fossa. The most likely diagnosis is:

a) Ulcerative colitis

b) Diverticular disease of the colon

c) Irritable bowel syndrome

d) Carcinoma colon

Correct Answer - B

Ans. b. Diverticular disease of the colon

Ref Sabiston 19/e p1309-1310; Schwartz 9/e p1038-1041; Bailey 16/e pl 1 70- 1173, 25/e p1160-1163; Shackelford 7/e p1879-1895)

94. The most characteristic feature of basal cell carcinoma is:

a) Keratin pearls

b) Foam cells

c) Nuclear palisading

d) Psammoma bodies

Correct Answer - C

Ans. c. Nuclear palisading

The most characteristic feature of basal cell carcinoma is nuclear palisading.

The characteristic finding is of ovoid cells in nests with a single 'palisading' layer. It is only the outer layer of cells that actively divide, explaining why tumor growth rates are slower than their cell cycle speed would suggest, and why incompletely excised lesions are more aggressive.

Morphoeic BCCs synthesis. size type 4 collagenase and so spread rapidly.

95. Post transplant lymphoma most commonly associated with:

a) Epstein-Barr virus

b) Cytomegalo virus

c) Herpes simplex

d) HHV-6

Correct Answer - A

Ans. a. Epstein-Barr virus

- Post-transplant lymphoma is most commonly associated with Epstein-Barr virus

Oncogenic DNA virus Oncogenic RNA virus

Human papillomavirus *Hepatitis C virus*

Epstein-Barr virus *Human T-cell leukemia virus type-1*

Hepatitis B virus *Helicobacter pylori*

Epstein-Barr Virus

- Epstein-Barr virus infection may lead to the following clinical conditions:
- Infectious mononucleosis
- EBV-associated malignancies:
- Burkitt's lymphoma
- Lymphomas in immunodeficient persons such as AIDS patients and transplant recipients

- Nasopharyngeal carcinoma in persons of Chinese origin

96. Which of the following most significantly increases the risk of hepatocellular carcinoma

a) Hepatitis B virus

b) Hepatitis A virus

c) Cytomegala virus

d) Epstein-Barr virus

Correct Answer - A

Ans.a. Hepatitis B virus

132.Ref Subiston 19/e p1453-1454; Schwartz 9/e p1121; Bailey 26/e pl 05, 25/c 1)1099; 13hangart 5/e p1284: Shackelford 7/e p1565-1568)

Hepatitis B virus most significantly increases the risk of hepatocellular carcinoma

The DNA of the HBV integrates randomly into hepatocyte chromosomes and acts as a nonselective insertional mutagenic agent. Integration of HBV DNA into the host genome occurs in 90% of HBV-related HCC and has been postulated as an early event in chronic viral infection.

97. Second primary malignancy of head and neck is commonly associated with which of the following

a) Oral cavity

b) Hypopharynx

c) Larynx

d) Paranasal sinuses

Correct Answer - A

Ans. a. Oral cavity

Second primary malignancy of head and neck is commonly associated with oral cavity.

"The site of index cancer influences the most likely site of a second primary malignancy, as an example, in a series of 1257 patients with SCC of the head and neck, patients with an index malignancy arising in the larynx were more like to develop a second primary cancer in the lung, while those arising in the oral cavity were more likely to develop a second primary in the head and neck or esophagus. This relationship has been observed in other studies as well."- Second primary malignancies in patients with head and neck cancers by Sandeep Samant, Head and Neck 2005; 27; 1042

- Patients with head and neck SCC are at increased risk for the development of second primary malignancies compared with general population^Q.
- These second primary malignancies typically develop in the aerodigestive tract (lung, head and neck, esophagus)^Q.
- MC second primary malignancy: Lung cancer^Q
- Highest relative increase in risk is for a second head and neck

cancer^Q

98. Which of the following is the most prominent feature of immunoproliferative small intestinal disease (IPSID)?

a) Malabsorption

b) Obstruction

c) Bleeding

d) Abdominal pain

Correct Answer - D

Ans. D

- IPSID also is known as Mediterranean lymphoma is now considered to be a distinct subtype of extranodal marginal zone B-Cell lymphoma.
- IPSID tends to be associated with people of lower socioeconomic status.
- Patients present with abdominal pain (most prominent), malabsorption, diarrhea, and weight loss of months to years duration.
- Obstruction, bleeding, and perforation are uncommon in contrast to patients with the other types of small intestinal lymphomas

99. The Le-Veen shunt in ascites is done between peritoneum and:

a) Cisterna chyli

b) Renal pelvis

c) Superior vena cava

d) Gall bladder

Correct Answer - C

Ans. c. Superior vena cava

'The Le-Veen shunt is designed for the relief of ascites due to chronic liver disease. One end of the silastic tube is inserted into the ascites within the peritoneal cavity and the other end is tunneled subcutaneously to the neck, where it is inserted under direct vision into the internal jugular vein and fed into the SVC.

100. Which of the following drugs is useful for treatment of advanced prostate cancer?

a) Goserelin

b) Ganirelix

c) Cetrorelix

d) Abarelix

Correct Answer - A

Ans. a. Goserelin

The treatment of choice for patients with advanced prostate cancer is elimination of testosterone production by the testes through either surgical or chemical castration.

.Bilateral orchiectomy or estrogen therapy in the form of diethylstilbestrol was previously used as first-line therapy.

Presently, the use of GnRH agonists-including leuprolide and goserelin, alone or in combination with anti-androgen (e.g. flutamide, bicalutamide or nilutamide) is the preferred approach.

101. A 17-year-old female underwent Fine Needle Aspiration cytology (FNAC) for a lump in the breast which was non-tender, firm and mobile. Which of the following features would suggest finding of a benign breast disease?

a) Dyscohesive ductal epithelial cells without cellular fragments

b) Tightly arranged ductal epithelial cells with dyscohesive bare nuclei

c) Stromal predominance with spindle cells

d) Polymorphism with single or arranged ductal epithelial cells

Correct Answer - B

Ans. b. Tightly arranged ductal epithelial cells with dyscohesive bare nuclei

Non-tender, firm and mobile breast lump in a female of age 17 years is suggestive of fibroadenoma, in which tightly arranged ductal epithelial cells with dyscohesive bare nuclei are seen on FNAC.

(AIIMS May 2013 repeat)

Fibroadenoma:

- Diagnostic findings on needle biopsy consist of:
- Abundant stromal cells which appear as bare bipolar nuclei
- Sheets of fairly uniform-size epithelial cells that are typically arranged in either an antler like pattern or a honeycomb pattern.
- Foam cells and apocrine cells may also be seen, although these are less diagnostic features.

Fibroadenoma

- MC benign tumor of female breast^Q
- MC age group: 15-30 years^Q
- Known as breast mouse^Q
- Etiology: Increased sensitivity of focal areas of breast tissue to estrogen^Q

Pathology:

- Encapsulated spherical lesion, composed of fibrous and glandular tissue^Q
- Arise from interlobular stroma, stromal cells can be monoclonal or polyclonal

Types of Fibroadenoma

Pericanalicular	Intracanalicular
Hard	Soft
Due to proliferation of connective tissue inside the elastic lamina	Due to proliferation of connective tissue outside the elastic lamina

Clinical Features:

- Painless, slowly growing solitary mobile lump in the breast (Breast mouser)

Diagnosis:

- Characteristic popcorn calcification^Q on mammography
- IOC is FNAC^Q

Diagnostic findings on needle biopsy consist of

- Abundant stromal cells which appear as bare bipolar nuclei
- Sheets of fairly uniform-size epithelial cells that are typically arranged in either an antler like pattern or a honeycomb pattern.
- Foam cells and apocrine cells may also be seen, although these are less diagnostic features.

Treatment:

- No treatment^o is necessary when diagnosis is confirmed.
- Excision biopsy is the treatment of choice for suspicious lesion^Q and for cosmetic indications.

102. A couple presents with infertility. On investigation, the husband is found to have azoospermia on semen analysis. Vas was not palpable on per rectal examination. Semen had low volume, high viscosity and fructose was present. What will you do next?

a) Karyotype

b) PSA

c) Trans-rectal ultrasound

d) CFTR gene mutation analysis

Correct Answer - D

Ans. d. CFTR gene mutation analysis

In a patient of azoospermia on semen analysis with low volume, high viscosity and fructose with non-palpable on per rectal examination CFTR gene mutation analysis should be done next to rule out cystic fibrosis.

'Presence of fructose indicates the adequacy of seminal vesicles and rules out vas deferens obstruction,

'Individuals with primary ciliary dyskinesia may have respiratory distress during the newborn period or may survive

to adulthood without overt chronic sinusitis and airway disease symptoms. Helpful in differentiating primary ciliary

dyskinesia from cystic fibrosis is repeated bouts of acute otitis media or chronic serous otitis. Males are frequently

infertile and display absent or poor sperm motility. Semen has a high

viscosity in these patients

103. A 6 months old child woke up in night, crying with abdominal pain, which got relieved on passing red stool. What is the most likely diagnosis?

a) Meckel's diverticulum

b) Intussusception

c) Malrotation

d) Intestinal obstruction

Correct Answer - B

Ans. b. Intussusception

'Intussusception refers to the telescoping of a proximal segment of intestine (intussusceptum) into a distal segment (intussusciens), This is a common cause of intestinal obstruction in children between 3 months and 6 years. Most cases occur in infants during the weaning period following introduction of a new food, vaccination or upper respiratory tract infection. The classic triad of abdominal pain, red currant jelly stools (blood and mucus) and palpable mass is seen only in a small percentage of children. Ultrasound is the investigation of choice

104. What is the emergent management of tension pneumothorax?

a) Chest X-ray

b) Emergency room thoracotomy in unstable patients

c) Insert needle in 2nd intercostal space

d) Tube thoracostomy in 5th intercostal space

Correct Answer - C

Ans. c. Insert needle in 2nd intercostal space

Emergent management of tension pneumothorax is to insert needle in 2nd intercostal space.

'Treatment of tension pneumothorax consists of immediate decompression by rapid insertion of a large-bore needle into the 2nd intercostal space in the mid-clavicular line of the affected hemothorax.'

105. A female in her twenties presents with complaints of abdominal pain, abdominal distention, and vomiting. On examination, she was found to have alopecia and crepitus in the epigastrium. What is your diagnosis?

a) Trichobezoar

b) Carcinoma pyloric antrum

c) Intestinal tuberculosis

d) Rectus sheath hematoma

Correct Answer - A

Ans. a. Trichobezoar

- Rapunzel's syndrome (named after the captive maiden in the Grimm's fairy tale) refers to severe cases of trichobezoar that extend from the stomach into the small bowel and may even reach the caecum. Gastric bezoars may obstruct the stomach and cause gastric ulceration.
- It is a hair-ball commonly seen in the stomach of females with psychiatric illness, who swallow hair regularly.
- . The most common presenting signs are abdominal pain, nausea and vomiting, obstruction, and peritonitis. Less commonly, patients have presented with weight loss, anorexia, hematemesis, and intussusception.
- Barium outlines and often penetrates the mass, showing a filling defect in the stomach, which often has a mottled appearance.

Clinical Features

Epigastric pain, early satiety.

Haematemesis.

Features of gastritis.

Loss of appetite.

Perforation.

Epigastric mass.

106.

A 65-year-old man presented with an episode of syncope. He said he felt dizzy during defecation and noticed gross bleeding in the pan. Fecal occult blood test done 3 months ago as a part of routine screening for colon cancer was negative. There is no history of recent weight loss. What is the likely colonoscopic finding?

a) Early stage carcinoma colon

b) Sigmoid diverticulitis

c) Microscopic colitis

d) Dilated mucosal and submucosal veins in the colon

Correct Answer - D

Ans. d. Dilated mucosal and submucosal veins in the colon

Heyde's syndrome is a triad of aortic stenosis, an acquired coagulopathy and anemia due to bleeding from intestinal angiodysplasia.

. It is due to the induction of von-Willebrand disease type IIA by the valvular stenosis.

Clinical Features:

. Gastrointestinal hemorrhage may present as hematemesis, melena, or hematochezia.

. It is not necessary for the aortic stenosis to lead to any other symptoms, but evidence of heart failure, syncope or chest pain may be present, if the stenosis is severe.

Diagnosis:

. Endoscopy or colonoscopy shows angiodysplasia (Dilated mucosal and submucosal veins).

107. FNAC cannot detect which of the following?

a) Follicular carcinoma

b) Papillary carcinoma

c) Colloid goiter

d) Hashimoto's thyroiditis

Correct Answer - A

Ans. a. Follicular carcinoma

FNAC cannot detect follicular carcinoma.

'The hallmark of all follicular adenomas is the presence of an intact, well-formed capsule encircling the tumor. Careful evaluation of the integrity of the capsule is therefore critical in distinguishing follicular adenomas from follicular carcinomas, which demonstrate capsular and/or vascular invasion. This cannot be done by cytology of aspirate alone obtained by a fine needle.'

Limitations of FNAC in Thyroid Diseases

- Not able to distinguish follicular adenoma from follicular carcinomas
- Not able to distinguish Hurthle cell adenoma from Hurthle cell carcinomas
- Useless in Reidel's thyroiditis (Biopsy is preferred)
- FNAC is less reliable in patients who have a history of head and neck irradiation or family history of thyroid cancer due to the higher likelihood of multifocal lesions and occult cancer

Follicular carcinoma of Thyroid

- FTC account for 10% of thyroid cancers
- Occurs more commonly in iodine-deficient areas
- More common in women with a mean age of 50 years
- Genes implicated in FCT: p53, PTEN, Ras, PAX8/PPAR1

Pathology:

- Usually, solitary lesions are surrounded by a capsule.
- Histologically, follicles are present, but the lumen may be devoid of colloids
- Malignancy is defined by the presence of capsular and vascular invasion
- Tumor infiltration and invasion, as well as tumor thrombus within the middle thyroid or jugular veins, may be apparent at operation

Clinical Features:

- Usually present as solitary thyroid nodules, occasionally with a history of rapid size increase, and long-standing goiter
- Pain is uncommon unless hemorrhage into the nodule has occurred.
- Cervical lymphadenopathy is uncommon at initial presentation (about 5%)
- Preoperative clinical diagnosis of cancer is difficult unless distant metastases are present.
- Large follicular tumors (>4 cm) in older men are more likely to be malignant.
- MC site of metastasis is bone (Osteolytic metastasis with pulsating secondaries in flat bones)

Diagnosis:

- FNAC is unable to distinguish benign follicular lesions from follicular carcinomas.
- The intraoperative frozen-section examination usually is not helpful but should be performed when there is evidence of capsular or vascular invasion, or when adjacent lymphadenopathy is present.

Poor long-term prognosis

Age >50 years Marked vascular invasion

Tumor size >4 cm Extrathyroidal invasion

Higher tumor grade Distant metastasis

108. You are a surgeon posted at CHC. A patient of head injury comes to you with rapidly deteriorating sensorium and progressive dilatation and fixation of pupil. Neurosurgeon and CT scan is not available. You decide to make a burr hole to emergently relieve the intracranial pressure. Which of the following sites will you choose?

a) In the temporal region contralateral to the side of pupillary dilatation

b) In the midline if both pupils are equal or it is not known which side dilated first

c) In the left temporal region if no localizing sign is found

d) Refer to higher centre if both pupils are equal or it is not known which side dilated first

Correct Answer - C

Ans. c. In the left temporal region if no localizing sign is found Burr hole to emergently relieve the intracranial pressure should be done in the left temporal region if no localizing sign is found, to evaluate and decompress the dominant hemisphere

Choice of side for Initial Burr Hole

Start with a temporal burr hole on the side:

- Ipsilateral to a blown pupil: This will be on the correct side in >85% of epidural hemorrhages and other extra-axial mass lesions.

- If both pupils are dilated, use the side of the first dilating pupil (If known).
- If pupils are equal, or it is not known which side dilated first, place on side of obvious external trauma.
- If no localization clues, place hole on left side (to evaluate and decompress the dominant hemisphere).

109. All of the following are pre-malignant except:

a) Crohn's disease

b) Ulcerative colitis

c) Peutz-Jegher's syndrome

d) Barrett's esophagus

Correct Answer - C

Ans. c. Peutz-Jegher's syndrome

'Peutz-Jegher's Syndrome: As malignant change rarely occurs, resection is only necessary for serious bleeding or intussusception'

110. A 58-year-old female complains of dull aching pain in right iliac fossa. On examination, gross pallor was found and a mass was palpable in right iliac fossa. What is the most likely diagnosis?

a) Appendicular mass

b) Ileocecal tuberculosis

c) Diverticulitis

d) Carcinoma ascending colon

Correct Answer - D

Ans. d. Carcinoma ascending colon

'Carcinoma of the caecum and ascending colon: This may present with the following: Anemia, severe and unyielding to treatment; The presence of a mass in the right iliac fossa; colonoscopy may be needed to confirm the diagnosis- Bailey

111. Investigation of choice for acute appendicitis in children:

a) CT scan

b) Ultrasound

c) MRI

d) X-ray

Correct Answer - B

Ans. b. Ultrasound

'Abdominal ultrasound detects a dilated (<6 mm) tubular, aperistaltic structure which is not compressible and is surrounded by fluid. Ultrasound has a sensitivity of 85%-90% and specificity of 95-100% diagnosing appendicitis.

112. Which of the following is not true about Gastrointestinal Stromal Tumor (GIST)?

- a) Originates from interstitial cells of Cajal
- b) Most common mesenchymal tumour of gastrointestinal tract
- c) Prognosis depends on size
- d) ALK gene mutation is seen in most of the cases

Correct Answer - D

Ans. d. ALK gene mutation is seen in most of the cases

Most common mesenchymal tumor of the abdomen

Commonly occur in stomach (mc site) and duodenum

Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal neoplasms of the gastrointestinal tract.

Arise from the interstitial cells of Cajal or pacemaker cells

Size and mitotic index are the best predictors of metastasis

Tumors whose behavior is driven by mutations in the KIT gene (85%), PDGFRA gene (10%) or BRAF kinase (rare)

113. A female with suspected child abuse was brought to the casualty with severe bleeding from the perineum. What should be the first line of management?

a) Airway maintenance

b) Internal iliac artery ligation

c) Whole blood transfusion

d) Inform police before starting the treatment

Correct Answer - A

Ans. a. Airway maintenance

The primary survey aims to identify and manage the most immediately life-threatening pathologies first and follows ABCDE.

c- exsanguinating external hemorrhage

A- Airway maintenance

B- Breathing & ventilation

C- Circulation & hemorrhage

D- Disability

E- Exposure

114. Which of the following is the ideal time for the repair of cleft palate?

a) 9-12 months

b) 18-24 months

c) 2-3 years

d) 5-6 years

Correct Answer - A

Ans. a. 9-12 months

- Ideal time for the repair of cleft palate is 6-18 months of age.
- Best choice among the given options is 9-12 months.
- 'Cleft lip repair is commonly performed between 3 and 6 months of age whereas cleft palate repair is frequently performed between 6 and 18 months.

115. Which of the following is not seen in tuberous sclerosis?

a) Giant cell astrocytoma

b) Subependymal nodule

c) White matter lesion

d) Ependymoma

Correct Answer - D

Ans. d. Ependymoma

Ependymoma is typically a feature of neurofibromatosis 2, but it can be seen in tuberous sclerosis as well, though it is much less common.

Seizures

- Seizures are the MC presenting symptom
- Infantile spasms may be the presenting feature during infancy

Mental Retardation

Mental Retardation occurs in up to 50% of patients referred to tertiary care

Characteristic brain lesion is a cortical 'Tuber'.

MC neurological manifestations: Seizures, cognitive impairment and behavioral abnormalities including autism.

Patients with seizures are more prone to mental retardation

Subependymal nodules which may calcify

Hydrocephalus

116. Molecular classification of breast cancer is based on:

- a) Serum hormone levels
- b) Expression of hormone receptors (ER/PR)
- c) In-vitro response to chemotherapeutic agltits
- d) Gene expression profilinge

Correct Answer - D

Ans. d. Gene expression profiling

'Gene expression profiling, which can measure the relative quantities of nRNA for essentially every gene, has identified five major patterns of gene expression in the NST group: luminal A, luminal B, normal, basal-like, and HER2 positive.

These molecular classes correlate with prognosis and response to therapy, and thus have taken on clinical importance,'- Bailey

117. A child complains of fluid coming out of umbilicus on straining. What is the diagnosis?

a) Urachal fistula

b) Gastroschisis

c) Patent vitellointestinal duct

d) Congenital umbilical hernia

Correct Answer - A

Ans. a. Urachal fistula

Diagnosis in t child complaining off uid coming out of umbilicus on straining is urachal fistula.

'A persistent urachus (urachal cyst) is due to failure of closure of the allantoic duct and is associated with bladder outlet obstruction. Patency should be suspected if a clear, light yellow, urine-like fluid is being discharged from the umbilicus.

118. A 45-year-old male with history of recurrent ureteric calculi presented with fever. Right-sided nephrectomy was performed. Gross view and histology have been provided. What is your diagnosis?

a) Chronic pyelonephritis with hydronephrosis

b) Renal cell carcinoma

c) Autosomal dominant polycystic kidney disease

d) Cystic dysplastic kidney

Correct Answer - A

Ans. a. Chronic pyelonephritis with hydronephrosis

Chronic Pyelonephritis

. Insidious in onset, may present with clinical manifestations of acute recurrent pyelonephritis

with back pain, fever, frequent pyuria, and bacteriuria.

. Gross examination: Irregularly scarred kidney; if bilateral, the involvement is asymmetric.

. Hallmark of chronic pyelonephritis: Coarse, discrete, corticomedullary scar overlying a dilated, blunted, or deformed calyx.

. Most of the scars are in the upper and lower poles, consistent with the frequency of reflux in these sites.

. Microscopic changes: Predominantly involve tubules and interstitium

Dilated tubules with flattened epithelium may be filled with colloid

. Dilated tubules with flattened epithelium may be filled with eosinophilic casts (thyroidization).

. Glomeruli may appear normal except for periglomerular fibrosis, but a variety of glomerular changes may be present, including ischemic fibrous obliteration as well as secondary changes related to hypertension.

119. A 13-year-old girl presented with soft painful swelling on posterior aspect of thigh, gradual in onset. Color Doppler showed multiple venous channels without any major arterial feeder. All of the following are used as liquid embolizing agents except?

a) Absolute alcohol

b) Polyvinyl alcohol

c) Sodium tetradecyl sulfate

d) Cyanoacrylate

Correct Answer - B

Ans. b. Polyvinyl alcohol

Polyvinyl alcohol (PVA) is a non-uniform mixture of amorphous plastic particles commercially available in sizes ranging from 45 to 1180 μm . PVA is not a liquid embolizing agent.

'Polyvinyl alcohol (PVA) is a non-uniform mixture of amorphous plastic particles commercially available in sizes ranging from 45 to 1180 μm

120. The first priority in management of a case of head injury with open fracture of shaft of femur is:

a) Neurosurgery consultation

b) Give IV fluids

c) Intubation

d) Splintage of fracture

Correct Answer - C

Ans. c. Intubation

The first priority in management of a case of head injury with open fracture of shaft of femur is Intubation.

"Ensuring an adequate airway is the first priority in the primary survey of trauma

121. Neurogenic shock is characterized by:

a) Hypertension and tachycardia

b) Hypertension and bradycardia

c) Hypotension and tachycardia

d) Hypotension and bradycardia

Correct Answer - D

Ans. D. Hypotension and bradycardia

- **Neurogenic shock** is a distributive type of **shock** resulting in low blood pressure, occasionally with a slowed heart rate, that is attributed to the disruption of the autonomic pathways within the spinal cord.
- Neurogenic shock- This presents with hypotension, a normal heart rate or bradycardia and warm peripheries. This is due to unopposed vagal tone resulting from cervical spinal cord injury at or above the level of sympathetic outflow (T1/T5).

122. During resuscitation, fractured ribs most commonly involve:

a) 2nd–4th ribs

b) 3rd–5th ribs

c) 4th–6th ribs

d) 5th–7th ribs

Correct Answer - C

Ans. c. 4th — 6th ribs

Reasonable conclusions to be drawn from the literature in relation to rib fractures in adults

- Rib fractures following CPR in adults are quite common - 30 to 60% of prospective post-mortem studies.
- Post-CPR rib fractures are often bilateral.
- The site of rib fracture is dependent on: the position of the hands; force used; and method of chest compression (manual or device-assisted).
- *The vast majority (90%+) of fractures occur in ribs 2 to 7; fractures in the bony parts of rib numbers 1 and 8 to 10 are possible but probably very rare; it is difficult to see how fractures can occur in rib numbers 11 and 12 following standard manual CPR.*
- The vast majority of fractures (90%+) occur in the anterior third of the bony part of the rib, some occur in the middle third but - following standard manual CPR - none in the posterior third of the bony part of the rib.
- Posterior rib fractures occur following automated band-type CPR.
- Lateral fractures i.e. those occurring between the anterior and posterior axillary lines, do occur after standard CPR. If a fracture is

noted in rib numbers 10 to 12 or in the posterior third of the bony part of a rib, then non-resuscitation trauma should be suspected.

- Chest x-ray is unreliable as a diagnostic tool for detecting rib fractures.
- CT is better than x-ray and may complement the post-mortem detection of rib fractures.

Fractures are more common

- On the left side of the chest
- With increasing age of the patient
- In females
- With increasing length of time of resuscitation attempts Following the involvement of untrained persons
- With the use of ACD-CPR

123. A 12-year old girl presents with nodular goiter. Which of the following statements regarding her,-evaluation and management is incorrect?

a) ^{99m}Tc scan should be performed to determine whether the nodules are hypofunctioning or hyperfunctioning

b) Functional thyroid nodules are usually benign

c) All nodules > 4 cm should be resected irrespective of cytology

d) FNAC should be performed for all nodules > 1 cm in diameter

Correct Answer - C

Ans. c. All nodules > 4 cm should be resected irrespective of cytology

Approximately 50% of these nodules decrease in size in response to the TSH suppression of this regimen, and others may not continue to grow, but it is most effective for nodules < 3 cm

Hemithyroidectomy: If a nodule enlarges on TSH suppression, causes compressive symptoms, or for cosmetic reasons.

Total thyroidectomy: Patient who has had previous irradiation of the thyroid gland or has a family history of thyroid cancer, because of the high incidence of thyroid cancer and decreased reliability of FNAC in this setting

124. Which of the following is not an etiological factor for pancreatitis?

a) Abdominal trauma

b) Hyperlipidemia

c) Islet cell hyperplasia

d) Germline mutations in the cationic trypsinogen gene

Correct Answer - C

Ans. c. Islet cell hyperplasia

Gallstones including microlithiasis (MC)

. Alcohol (2nd MC)

. Hypertriglyceridemia

. ERCPO

. Blunt abdominal trauma

125. A 50-year old male presents with large bowel type diarrhea and rectal bleeding. On sigmoidoscopy, a cauliflower-like growth is seen in the rectum. Colectomy specimen on histopathology shows adenocarcinoma. Which of the following prognostic investigations is not required?

a) Microsatellite instability

b) c-myc mutations

c) EGFR mutations

d) k-RAS mutations

Correct Answer - C

Ans. c. EGFR mutations

Epidermal growth factor receptor (EGFR) is overexpressed in many types of cancers, especially colorectal cancer (CRC), and seems to reflect more aggressive histological and clinical behaviours. It was observed that EGFR was significantly associated with TNM (tumor-node-metastasis) stage T3. In the context of a new therapeutic strategy using EGFR-targeted therapies (e.g. cetuximab), although EGFR remains a controversial prognostic factor, this expression-stage association may play a crucial role in a decision to initiate an adjuvant treatment."- Deng Y, Jurland B, Wang .1, Bi .1, Li W, Rao S, Lan P, Lin T and Lin E. High epidermal growth factor receptor expression in metastatic colorectal cancer lymph nodes may be more prognostic of poor survival than in primary tumor. Am J Clin

Oncol. 2009;32:(3):245-52 High EGFR expressions in metastatic lymph nodes seem to be more accurate in predicting survival than in primary or metastatic tissues.

Microsatellite Instability: (Robbil)

- The microsatellite instability pathway is characterized by genetic lesions in mismatched repair genes.
- It is involved in 10 to 15% of sporadic cases of colon cancer and in the hereditary non-polyposis colon cancer (HNPCC) syndrome.
- Mutations in the mismatch repair genes cause alternation of microsatellites, leading to microsatellite instability.
- These satellites are prone to misalignment during DNA replication.
- Most microsatellite sequences are in the non-coding regions of the genes, and hence, mutations in these genes are probably harmless.
- However, some microsatellite sequences are located in the coding or promotor regions of genes involved in regulation of cell growth.
- Loss of mismatch repair genes leads to accumulation of these and other growth-regulating genes, culminating in the emergence of colorectal carcinoma.

C-MYC Mutations:

- In human colorectal adenocarcinomas, overexpression of the c-myc mRNA has been reported to occur in 60-80% of cases.
- C-myc has been characterized as a proto-oncogene, which promotes cell proliferation.
- However, overexpression of the c-myc mRNA is associated with a more favourable prognosis.

k-RAS mutations:

- The k-RAS is the most frequently observed activated oncogene in adenomas and colon cancers.
- k-RAS plays a role in intracellular signal transduction and is mutated in fewer than 10% of adenomas less than 1 cm in size, in about 50% of adenomas larger than 1 cm and in approximately 50% of carcinomas.

126. A 7-year old boy presents with a right-sided hemangioma and left-sided focal seizures. The most likely diagnosis is:

a) Neurofibromatosis

b) Incontinentia pigmenti

c) Hemangioma

d) Sturge-Weber disease

Correct Answer - D

Ans. D. Sturge-Weber disease

- In Sturge-Weber syndrome, there is usually abnormal formation and growth of blood vessels within the two thin layers of tissue that cover the brain and spinal cord.
- This abnormality, which is called leptomeningeal angioma, can affect one or both sides of the brain and impair blood flow in the brain and lead to loss of brain tissue (atrophy) and deposits of calcium (calcification) in the brain below the angioma.
- Temporary muscle weakness on one side of the body (hemiparesis), vision abnormalities, seizures, and migraine headaches.

127. Survival in unresectable carcinoma gall bladder is:

a) 4-6 months

b) 8-10 months

c) 1 year

d) 12-24 months

Correct Answer - A

Ans. a. 4-6 months

"Unresectable Carcinoma Gallbladder: Median survival for patients presenting with unresectable disease is 2-4 months with 1-year survival is less than 5%Q."

128. Highly vascular tumor of brain and spinal cord in adults:

a) Metastasis

b) Pilocytic astrocytoma

c) Hemangioblastoma

d) Cavernous malformation

Correct Answer - C

Answer- C (Hemangioblastoma)

- Hemangioblastoma represents the MC primary intra-axial tumor in the adult posterior fossa.
- Occur almost exclusively in the posterior fossa (cerebelluma)
- Solid or cystic with a mural nodule.

129. Which of the following is true about coeliac plexus block?

- a) Located retroperitoneally at the level of L3
- b) Usually done unilaterally
- c) Useful for the painful conditions of lower abdomen
- d) Most common side effect is diarrhea and hypotension

Correct Answer - D

Answer- D (Most common side effect is diarrhea and hypotension)

- Celiac Plexus Block:
- Located retroperitoneally at the level of L1
- Usually done bilaterally
- Useful for the painful conditions of upper abdomen
- Most common side effect is diarrhea and hypotension

130. Mortality associated with emergency abdominal aortic surgery is:

a) 10%

b) 20%

c) 40%

d) >50%

Correct Answer - C

Answer- c. 40%

- With careful preoperative cardiac evaluation and postoperative care, the operative mortality rate approximates 1-2%.
- After acute rupture, the mortality rate of emergent operation is 45-50%. Endovascular repair with stent placement is an emerging approach but at the current time is associated with a mortality rate of approximately 40%.

131. A newborn with meningomyelocele has been posted for surgery. The defect should be immediately covered with:

a) Normal saline gauze

b) Povidone iodine gauze

c) Tincture benzoin gauze

d) Methylene blue gauze

Correct Answer - A

Answer- A (Normal saline gauze)

- Keep the open defect moist. One can cover the open defect with soaking wet gauze and an occlusive material, e.g., plastic wrap or cellophane.

132. A driver wearing seat belt applied brake suddenly to avoid a collision. Which of the following body parts is most likely to be injured?

a) Liver

b) Spleen

c) Mesentery

d) Abdominal aorta

Correct Answer - C

Answer- C (Mesentry)

- Most common organ injured in seat belt injury is Mesentery.

133. A 55 years old male patient presents with 4 cm x 5 cm lump in right neck. FNAC assessment revealed it to be a squamous cell carcinoma. Clinical assessment of the oral cavity, pharynx, hypopharynx and larynx did not yield any tumor. Whole body PET scan did not show any increased uptake except for the neck mass. A diagnosis of unknown primary was made. According to AJCC system of classification, the TNM status of the tumor would be:

a) T1N2M0

b) T0N2aM0

c) T1N2aM0

d) TxN2aMx

Correct Answer - D

Answer- D (TxN2aMx)

Tx: Unknown primary (T status cannot be assessed)

N2a: Metastasis in single ipsilateral LN, >3 cm but ≤6 cm in greatest dimension.

Mx: Unknown presence or absence of metastasis

134. A 48 years old female presents with seizure, recurrent gross hematuria and left flank abdominal pain. Abdominal CT reveals left perinephric hematoma with 3 cm angiomyolipoma along with multiple right renal angiomyolipoma measuring 1.5 to 6.5 cm. What would be the most probable diagnosis?

a) VHL syndrome

b) Autosomal dominant polycystic kidney disease

c) Tuberous sclerosis

d) Hereditary angioliipoma

Correct Answer - C

Answer- C (Tuberous sclerosis)

Tuberous sclerosis complex (TSC) is a rare multisystem autosomal dominant genetic disease that causes non-cancerous tumours.

A combination of symptoms may include seizures, intellectual disability, developmental delay, behavioral problems, skin abnormalities, lung disease, and kidney disease.

Three types of brain tumours are associated with TSC:

Giant cell astrocytoma

Cortical tubers

Subependymal nodules

People with TSC are frequently also diagnosed psychiatric disorders: autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), anxiety disorder and depressive

disorder.

TSC patients have benign tumors of the kidneys called angiomyolipomas causing hematuria.

135. Which of the following immunohistochemical marker can be used for the diagnosis of rhabdomyosarcoma?

a) Myeloperoxidase

b) Desmin

c) Cytokerartin

d) Synaptophysin

Correct Answer - B

Answer- B (Desmin)

- Desmin can be used for the diagnosis of rhabdomyosarcoma.

136. A 49 years old male with 35 pack years presented with painless mass in left scrotal sac and microscopic hematuria. On laboratory investigation, Alpha-fetoprotein and lactate dehydrogenase was negative. What is the most probable diagnosis?

a) Epididymitis

b) Seminoma

c) Renal cell carcinoma

d) Carcinoma lung

Correct Answer - C

Answer- C (Renal cell carcinoma)

- MC type of RCC, mainly sporadica.
- **Spread:**
- Characteristic feature of RCC is tendency to invade renal vein. Further extension produces a continuous cord of tumor in IVC and even in right side of heart.
- MC route is hematogenous
- MC sites of distant metastasis are lungs (cannon ball deposits and pulsating secondaries) Q> bone> liver> brain.
- Lymphatic spread occurs when tumor extends beyond renal capsule.
- Response to biological response modifiers (IL-2 and IFN-alpha)
- MC and consistent presentation is hematuria
- Classical triad of gross hematuria, abdominal mass and pain is seen

in 10% cases

137. A pregnant lady was stabbed in the right side of the chest. She is shouting and yelling for help on entering the casualty. On examination she has tachycardia and BP was 90/60 mm Hg, breath sounds are decreased on the right side. What is the first consideration for her?

a) Oropharyngeal airway

b) Establish IV line and start normal saline

c) Needle decompression on right side of the chest

d) Immediate tracheostomy

Correct Answer - C

Ans: C. Needle decompression on right side of the chest

(Ref Sabiston 20/e p425, 1635, 19/e p1599; Schwartz 10/e p163 9/e p138; &Uhl' 27/e p919, 26/e p3541

- Classical description of tension pneumothorax of right hemithorax with decreased breath sounds & shock.
- Patient is shouting à Hence clear airway.
- **Emergency management:**
- Immediate decompression with large bore needle in mid clavicular line in 2nd intercostal space à followed by IV fluid administration.

138. Bleeding from a Mallory Weiss tear occurs usually from:

a) Phrenic vein

b) Left gastric artery

c) Short gastric arteries

d) Coronary vein

Correct Answer - B

Ans: B. Left gastric artery

(Ref. Harrison 19/e p277, 18/e p2436; Sabiston 20/e p1145, 19/e p1167,1222; Schwartz 10/ p1020, 9/e p875,941; Bailey 27/e p1128, 26/e p994; Shackelford 7/e p768)

Mallory Weiss Syndrome:

- Causes upto 15% of severe upper GI bleeds.
- Overall mortality rate = 3-4%.

Most common:

- Seen in alcoholic patients after period of intense retching & vomiting after binge drinking.
- **Cause:** Bleeding from tear usually from left gastric artery.

Features:

- Arterial bleeding - Usually painless & rarely with massive bleeding.
- Most Mallory- Weiss tears stop bleeding spontaneously & just supportive treatment required.
- If bleeding continues, infusion of vasoactive substances into celiac artery or left gastric artery obviates need for operation.
- Greatest risk for massive hemorrhage in alcoholic patients with preexisting portal hypertension.

139. In esophageal cancer prognosis is best determined by:

a) Cellular differentiation

b) Age of patient

c) T stage

d) Length of involvement.

Correct Answer - C

Ans: C. T stage

(Ref Sabiston 20/e p1029, 19/e p1049-1064; Schwartz 10/e p1005, 9/e p862-870; Bailey 27/e p1088, 26/e p1004-1013; Shackelford 7/e p416-434)

Factors determining long-term survival in oesophageal cancer:

Following esophagectomy number of factors –

- Depth of tumor invasion (T) – Best determining factor.
- Number of involved lymph nodes (N).
- Location of esophageal tumor.

140. Best blood product to be given in a patient of multiple clotting factor deficiency with active bleeding:

a) Whole blood

b) Packed RBCs

c) Fresh frozen plasma

d) Cryoprecipitate

Correct Answer - C

Ans: c. Fresh frozen plasma

(Ref Harrison 19/e p138 e-3, 18/e p953; Sabiston 20/e p79-80, 19/e p588)

- **Best blood product for multiple clotting factor deficiency patient with active bleeding** - Fresh frozen plasma.
- Fresh frozen plasma (FFP):**
- Contains stable coagulation factors.
 - Plasma proteins - Fibrinogen, antithrombin, albumin, proteins C & S.
- Indications:**
- Correction of coagulopathies -
 - Rapid warfarin reversal.
 - Supplying deficient plasma proteins.
 - Treatment of thrombotic thrombocytopenic purpura.
- IgA-deficient patients:**
- Plasma support by FFP from IgA-deficient donors to prevent anaphylaxis.

141. A young lady with symptoms of hyperthyroidism with elevated T4 and TSH levels were 8.5. Further examination reveals bitemporal hemianopia. Next step of management:

a) Start antithyroid drugs, and do urgent MRI brain

b) Start beta-blockers

c) Conservative management

d) Start antithyroid drugs and wait for symptoms to resolve.

Correct Answer - A

Ans: A. Start antithyroid drugs, and do urgent MRI brain

(Ref Harrison 19/e p2274. 18/e p2880; Sabiston 20/e p982, 19/e p1890; Schwartz 10/e p1533, 9/e p1541; Bailey 27/e p8 1 1, 26/e p614-616)

- Hyperthyroidism with elevated T4 and TSH levels and bitemporal hemianopia is highly suggestive of TSH-secreting adenoma.
- MRI - Confirm TSH-secreting pituitary adenoma diagnosis.

TSH producing macroadenomas:

- Rare.
- Often large & locally invasive.
- Along with thyroid goiter & hyperthyroidism, reflecting TSH overproduction.

Diagnosis:

- Elevated serum free T4 levels.
- Inappropriately normal or high TSH secretion.
- MRI - Evidence of pituitary adenoma.

142. A 60-year-old lady comes with blood stained discharge from the nipple with family history of breast cancer. Next best step for her will be:

a) Ductoscopy

b) Sonomammogram

c) Nipple discharge cytology

d) MRI.

Correct Answer - D

Ans: D. MRI.

Next best step:

- A 60-year-old lady comes with blood-stained discharge from the nipple with a family history of breast cancer.
- The next best step for her (high-risk female) will be MRI for the screening of breast cancer.
- Given the history, she is high- risk female - MRI for a screening of breast cancer.
- There is a current interest in the use of MRI to screen the breasts of high-risk women and of women with newly diagnosed breast cancer.
- In the first case, women who have a strong family history of breast cancer or who carry known genetic mutations require screening at an early age, but the mammographic evaluation is limited because of the increased breast density in younger women.
- In the second case, an MRI study of the contralateral breast in women with known breast cancer has shown a contralateral breast cancer in 5.7% of these women.

Indications for Breast MRI

1. Lobular carcinoma: Difficult to detect and measure by conventional method because of multifocal and infiltrating growth pattern.

2. Staging of primary breast cancer.

3. Occult primary tumor with malignant axillary lymphadenopathy and normal mammogram and breast USG.

4. Screen younger women with high familial risk of breast cancer.

5. Assessing the integrity of breast implant.

143. A lady who is 9 weeks pregnant comes with a 2.5 cm mass in the upper outer quadrant of left breast. Ultrasound failed to show any abnormality. The ideal management will be to:

a) Aspirate the cyst and reassure

b) Finger guided core biopsy

c) Call patient one month after delivery

d) Do mammography.

Correct Answer - B

Ans: B. Finger guided core biopsy

Ref Schwartz 10/e p554, 9/467; Sabiston 20/e p2058-20.59, 19/2035-2037; Bailey 27/e p881, 26/818, 25/846).

- Most breast lesions in pregnancy - Benign.
- MC non-gynecologic malignancy associated with pregnancy.
- Ductal carcinoma - MC type - 75-90%° breast cancer in pregnancy.

Diagnosis:

- Biopsy - To rule out malignancy.
- Core-needle biopsy with or without ultrasound guidance - Safe & reliable method.
- Mammography - Rarely indicated.
 - Due to decreased sensitivity during pregnancy & lactation.
 - Fetus needs shield during mammography.

144. Oncotype Dx test is done to for the following in breast cancer:

a) Chemotherapy in hormone receptor positive patients

b) Hormone therapy in hormone positive

c) Chemotherapy in hormone receptor negative patients

d) Herceptin in Her-2-neu +ve.

Correct Answer - A

Ans: A. Chemotherapy in hormone receptor positive patients

(Ref Harrison 19/e p528; <http://www.oncotypedx.co>

<http://education.ncen.org/node/11346>.

<http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=291504>)

Oncotype DX:

- Multigene tests.

Uses:

- To guide chemotherapy decisions for,
- Node-negative cases.
- Hormone receptor-positive cases.
- HER2-negative breast cancer.
- Used clinically for **early-stage breast cancer predicting recurrence risk & guide adjuvant chemotherapy decisions.**

145. A 3-year-old child comes with hydrocele of the hernia sac. Management will include:

a) Herniotomy

b) Herniorrhaphy

c) Observation only

d) Operate after 5 years of age.

Correct Answer - A

Ans: A.Herniotomy

(Ref Sabiston 20/e p1884, 19/e p1120-1126; Schwartz 10/e p1635, 9/1318-1331; Bailey 27/e p125, 1503, 26/e pill, 1382; Schackelford 7/e p568-579).

* Management of hydrocele of hernia sac (congenital hydrocele) in 3 years old child - Herniotomy.

- Herniotomy - Ligation of hernial sac.

- Herniorrhaphy - Herniotomy with posterior wall repair using in-situ structures.

- Hernioplasty - Herniotomy with strengthening of posterior wall using exogenous material like mesh.

Objectives of treatment:

* Treatment of hernia sac & inguinal floor reconstruction.

146. Most commonly performed shunt for hydrocephalus is:

a) Ventriculoperitoneal

b) Ventriculopericardial

c) Ventriculopleural

d) Lumboperitoneal.

Correct Answer - A

Ans: A. Ventriculoperitoneal

- Most common shunt used for hydrocephalus - Ventriculoperitoneal shunt.

Ventriculoperitoneal (VP) shunting:

- Comprises insertion of ventricular catheter.
- May be antibiotic impregnated (into frontal or occipital horn of lateral ventricle).
- Distal catheter tunnelled subcutaneously to abdomen.

Management of Hydrocephalus:

Endoscopic third ventriculostomy:

- Procedure especially useful in obstructive hydrocephalus - Due to aqueduct stenosis.
- Neuroendoscope - Inserted into frontal horn of lateral ventricle à into third ventricle via foramen of Monro.

**147. During laparoscopic inguinal hernia repair a tack was accidentally placed below and lateral to the iliopubic tract. Postoperatively the patient complained of pain and soreness in the thigh. This is due to the involvement of:
(AIIMS November 2015, May 2015)**

a) Obturator nerve

b) Genital branch of genitofemoral nerve

c) Ilioinguinal nerve

d) Lateral cutaneous nerve of thigh.

Correct Answer - D

Ans: D. Lateral cutaneous nerve of thigh.

(Ref Sabiston 20/e p1105, 19/e pl/18; Schwartz 10/e p1515, 9/e pl313-1315; SchaekelfOrd 7/e p562-565)

Neuropathic groin pain:

- Caused by damage to nerve in groin region.
- Due to partial or complete division, stretching, contusion, crushing, suturing, or electrocautery.

Nerves of thigh:

- Ilioinguinal nerve.
- Iliohypogastric nerve (both genital & femoral branches of genitofemoral nerve).
- Lateral femoral cutaneous nerve.

Complications:

Ilioinguinal & Iliohypogastric N injury:

- Mainly during an open herniorrhaphy.
Lateral cutaneous nerve N injury:
- Mainly damaged during laparoscopy.
Genital & femoral branches of genitofemoral nerve & lateral cutaneous nerve of thigh:
- Most at risk when surgeon staples below iliopubic tract lateral to internal spermatic vessels.
Features:
- Burning, tingling pain along lateral aspect of thigh in distribution of lateral femoral cutaneous nerve.
- Referred as “meralgia paresthetica”.
- Due to nerve entrapment.
- Hyperaesthetic and/or pruritic.
- Formication - Tactile hallucination of sensation of small insects creeping under skin.

148. In a female who had Steroid Resistant ITP it was decided to perform splenectomy. On day 3 post laparoscopic surgery patient had fever. Which of the following scenarios is most likely?

a) Left lower lobe consolidation

b) Port site infection

c) Intra-abdominal collection

d) Urine for pus should be sent.

Correct Answer - A

Ans: A. Left lower lobe consolidation

(Ref Sabiston 20/e p1.567, 19/1558-1559; Schwartz 10/e p1444, 9/1260-1262; Bailey 27/e p1186, 26/1096; Shackelford 7/e p1674-1676)

- Fever on postoperative day 3 after laparoscopic splenectomy suggests left lower lobe consolidation.
- Complication after OS:**
- Left lower lobe atelectasis - Most common.
 - Pleural effusion & pneumonia.
 - Hemorrhage (intraoperatively or postoperatively) - Presenting as subphrenic hematoma.
 - Subphrenic abscess & wound infection - Perioperative infectious complications.
 - Transfusions - Less common since LS advent.

Complications of Splenectomy:

Pulmonary Complications:

- Left lower lobe atelectasis: MC complication.
- Pleural effusion.
- Pneumonia.

Hemorrhagic complications:

- Subphrenic hematoma.

Infectious complications:

- Subphrenic abscess.
- Wound infection.

Pancreatic complications:

- Pancreatitis.
- Pseudocyst.
- Pancreatic fistula.

Thromboembolic complications:

- DVT - Prophylaxis routinely recommended
- Portal vein thrombosis

Heightened risk:

- Hemolytic anemia/myeloproliferative disorders/splenomegaly - Thrombotic risk (portal vein thrombosis risk).
- Patients undergoing splenectomy for malignancy.
- Myeloproliferative disorders - Strongly considered for perioperative pharmacoprophylaxis either LMWH or unfractionated heparin.

**149. Which is the best incision preferred for diaphragmatic surgery?
(AIIMS May 2015, May 2014)**

a) Circumferential

b) Radial

c) Vertical

d) Transverse

Correct Answer - A

Ans: A. Circumferential

(Ref Sahiston and Spencer's Surgert, of Chest 8/chapter 7)

- Circumferential incision: generally taken for diaphragmatic surgery.
- Circumferential incisions:**
- In periphery regions - Result in little loss of function.
 - Must be at least 5 cm lateral to edge of central tendon.
 - To avoid posterolateral & anterolateral branches of phrenic nerve.
 - Difficult to correctly realign after long operation.
 - Placement of surgical clips on each side of muscular incision greatly facilitates correct spatial orientation on closing.

150. Best diagnostic investigation for acute appendicitis in children is:

a) MRI

b) CECT

c) USG

d) X-ray.

Correct Answer - C

Ans: C. USG

- Ultrasonography has a sensitivity of approximately 85% and a specificity of more than 90% for the diagnosis of acute appendicitis.
- Ultrasonography has the advantages of being a noninvasive modality requiring no patient preparation that also avoids exposure to ionizing radiation.
- Thus, it is commonly used in children and in pregnant patients with equivocal clinical findings suggestive of acute appendicitis.

151. Investigation of choice to rule out biliary atresia in a 2-month-old child is:

a) Hepatic scintigraphy

b) ERCP

c) USG

d) CT scan.

Correct Answer - A

Ans: A. Hepatic scintigraphy

(Ref. Nelson 20/e p1934, 19/e p1385; Sabiston 20/e p1880, 19/e p1852-1853; Schwartz 10/e p1628, 9/1438-1440; Bailey 27/e p1196, 26/e p1104-1105; Blumgart 5/e p595-603; Shackelford 7/e p1390-1396)

*** Investigation of choice to rule out biliary atresia in a 2-month-old child = Hepatic scintigraphy.**

Hepatobiliary scintigraphy with technetium-labeled iminodiacetic acid derivatives (HIDA scan):

* Used to differentiate biliary atresia from non-obstructive causes of cholestasis.

Normal hepatic uptake -

* In biliary atresia.

* Excretion into intestine is absent.

Impaired uptake -

* In neonatal hepatitis.

* Excretion into intestine occur.

* Follow-up scan after 24 hours - Determines the biliary tree patency.

* Phenobarbital administration (5 mg/kg/day) for 5 days before scan recommended.

* Enhances biliary isotope excretion.

Hepatobiliary scintigraphy:

* Very sensitive.

* Non-specific test for biliary atresia.

* Fails to identify other structural abnormalities of biliary tree or vascular anomalies.

152. Physiological changes seen in laparoscopy include all except:

a) Increased ICP

b) Decreased FRC

c) Increased CVP

d) Increased pH

Correct Answer - D

Ans: D. Increased pH

(Ref Bailey 27/e p87, 26/e p94,.

<http://www.laparoscopyhospital.com/physiological-changes-laparoscopy.htm1>)

- Metabolic acidosis (decrease pH) from CO₂ absorption is the primary derangement with laparoscopy.

Laparoscopy:

- In laparoscopic surgeries, rigid endoscope introduced through a sleeve into peritoneal cavity.
- Needle used for pneumoperitoneum: Veress needle.
- Most commonly used gas: CO₂.

Physiological Effects of Laparoscopy

Cardiovascular • Increased intra-abdominal pressure → ↑ CVP, ↑ PCWP, ↑ SVR & ↑ MAP → ↓ Preload & ↑ afterload → decreasing cardiac output.

Pulmonary • Cephalad shift of diaphragm decreases FRC, chest wall compliance and tidal volume increasing the work of breathing.

• Increased IAP decreases renal flow, decreasing GFR & reduced urine output.

Renal

Gastrointestinal

- Raised $p\text{CO}_2$ leads to RAAS stimulation. No long-term change in GFR/VO.
- Decreased perfusion to intestines and stomach (as a result of increase IAP) decreases pH
- Decreased portal and hepatic flow leads to elevation of LFTs.

Peripheral
vascular

- Incidence of DVT, PE is generally lower post-laparoscopic procedures probably secondary to improved prophylaxis
- Risk is increased with longer procedures and reverse Trendelenberg position.

153. Which is not true regarding the basis of functional divisions of Liver?

a) Based on portal vein and hepatic vein

b) Divided into 8 segments

c) There are three major and three minor fissures

d) 4 sectors

Correct Answer - D

Ans: B. Divided into 8 segments

(Ref Gray's 40/e p1165, 1166,1178; Sabiston 20/e p1484, 19/e p/1413-1417; Schwartz 10/e p1265, 9/e p1095; Bailey 27/e p1154, 26/e p1065-1067; Blumgart 5/e p31-37; Shackelford 7/e p1426-1430)

Most preferred option:

- Liver is divided into 8 segments.
- Segment IX - Acent subdivision of segment I.
- Describes segment posterior to segment VIII.

Functional anatomy of liver:

- Based on Couinaud's division of liver (Coninaud 1957).
- Divided into eight (subsequently nine) functional segments.
- This is based upon distribution of portal venous branches & hepatic veins location in parenchyma.

Sectors & segments of liver:

Sectors of liver:

- Each lobe is divided into 2 **sectors**
- Right lateral sector = Segments VI & VII.
- Right medial sector = Segments V & VIII.
- Left medial sector = Segments III & IV (and part of I).
- Left lateral sector = Segment II.

Segments of liver:

- Numbered in an ante-clockwise spiral centered on portal vein with liver viewed from beneath.
- Starting with segment I up to segment VI à then back clockwise for most cranial two segments VII & VIII.

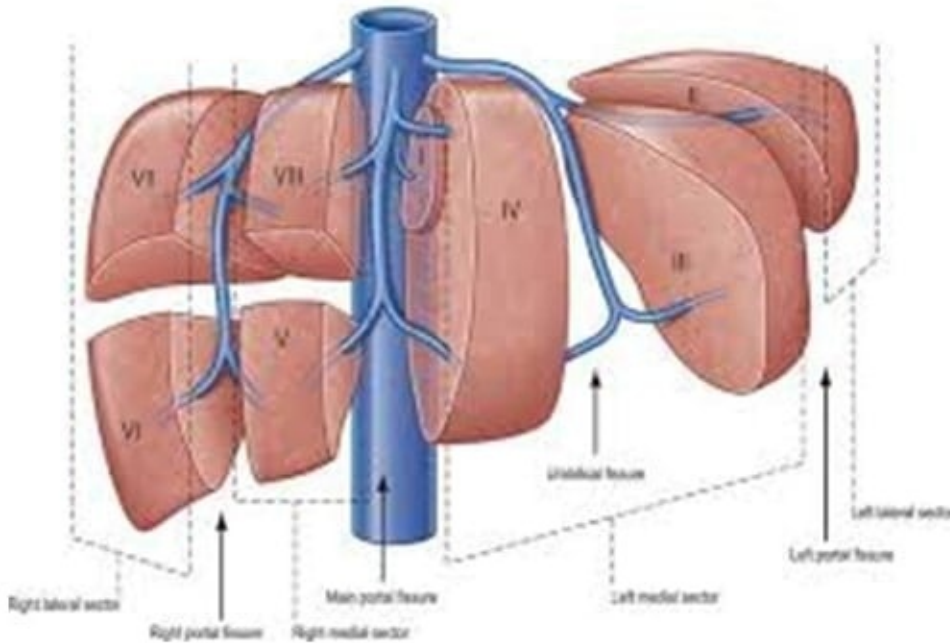


Fig 1: The fissures and sectors of the liver. (Right lateral = right posterior; right medial = right anterior)- There are three major and three minor fissures

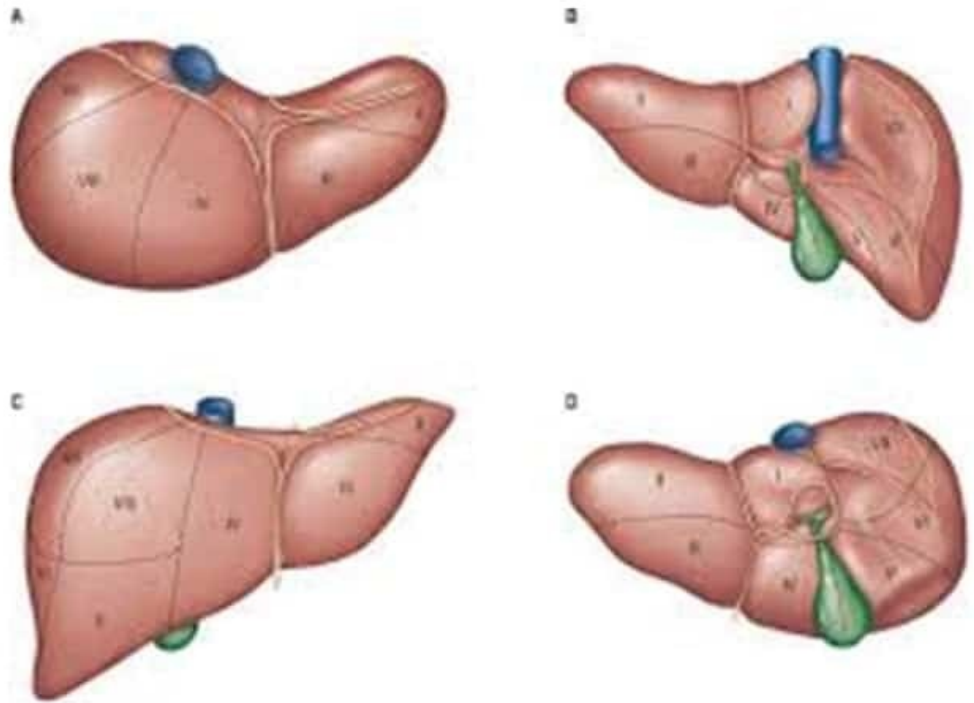


Fig 2: Segments of the liver (after Couinaud). (A) superior view; (B) posterior view; (C) anterior view; (D) inferior view.

154. In a patient with thrombocytopenia, what is the target platelet count after transfusion to perform an invasive procedure?

a) 30,000

b) 40,000

c) 50,000

d) 60,000

Correct Answer - C

Ans: C. 50,000

(Ref Bailey 27/e p22-23, 26/e p23, Nelson 20/e p2374).

- Target platelet count after transfusion for performing invasive procedure in thrombocytopenic patient = 50, 000.

**Blood
Product**

Standard Guidelines

FFP

If prothrombin time (PT) or partial thromboplastin time (PTT) > 1.5 times normal.

Cryoprecipitate If fibrinogen < 0.8 g/L

Platelets

If platelet count <50 x 10⁹/mL

155. Most commonly performed and acceptable method of bariatric surgery is:

a) Biliopancreatic diversion

b) Biliopancreatic diversion with ilcostomy

c) Laparoscopic gastric banding

d) Roux-en-Y gastric bypass.

Correct Answer - D

Ans: D. Roux-en-Y gastric bypass.

(Ref. Sabiston 20/e p1187, 19/e p363; Schwartz 10/e p1112, 9/952; Harrison 19/p2398).

Roux-en-Y gastric bypass:

- Most commonly performed & acceptable method of bariatric surgery.

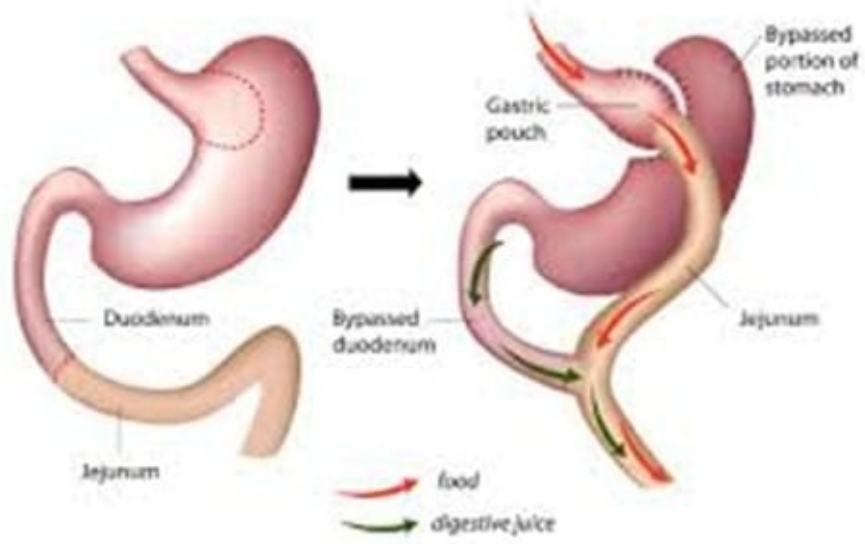
3 restrictive-malabsorptive bypass procedures:

- Combine elements of gastric restriction & selective malabsorption.
- Procedures include Roux-en-Y gastric bypass, biliopancreatic diversion & biliopancreatic diversion with duodenal switch.

Roux-en-Y:

- Most commonly undertaken & most accepted bypass procedure.
- Performed with an open incision or by laparoscopy.

Roux-en-Y Gastric Bypass (RNY)



156. A lady 35 years old lactating mother Presented with a Painful breast lump. Most appropriate initial investigation should be:

a) Mammography

b) USG

c) MRI

d) X-ray

Correct Answer - B

Ans. b. USG

(Ref Sutton's Radiology 7/e p1456; Schwartz 9/e p467; Sabiston 19/e p2035-p846) Indications of Breast Ultrasound: Sutton's Radiology 7/e p1456)

- Symptomatic breast lump in women < 35 years
- Breast lump during lactation and pregnancy
- Assessment of mammographic abnormality (\pm further mammographic views)
- Assessment of MRI or scintimammography detected lesions
- Clinical breast mass with negative mammogram
- Breast inflammation
- Augmented breast (together with MRI)

157. Postoperative ileus is most commonly seen in:

a) Colon

b) Ileum

c) Ileum

d) Stomach

Correct Answer - A

Ans. a. Colon

- most abdominal operations or injuries, the motility of the GI tract is transiently impaired.
- **Return of normal motility: Small intestine/ (within 24 hours)**
>Gastric (48 hours)°> Colonic (3-5 days)°.
- Post-operative ileus is most pronounced in colon.

158. Injury to which of the following vessels is least likely to result in significant damage:

a) Renal artery

b) Superior mesenteric artery

c) Inferior mesenteric artery

d) Celiac trunk

Correct Answer - C

Ans. c. Inferior mesenteric artery

- Injury to inferior mesenteric artery is least likely to result in significant damage among the given options.
- Occlusion of the inferior mesenteric artery does not always result in irreversible ischaemia of the descending and sigmoid colon, because the marginal artery of the colon usually receives an adequate supply from the left branch of the middle colic artery.

159. Following road traffic accident, a patient with vague abdominal pain was immediately taken to the operation theatre for emergency laparotomy. On examination, a large, contained, stable, non-pulsatile retroperitoneal hematoma was found on the right side. One-shot IVU shows a barely discernible nephrogram on the right side and prompt uptake and excretion on the left side. What should be the next step to be done?

a) Nephrectomy

b) Isolate the proximal renal vessels, open the Gerota's fascia and explore the kidney

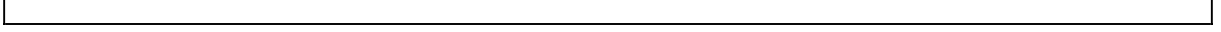
c) Perform on table retrograde pyelography

d) Perform on table angiography

Correct Answer - B

Ans. b. Isolate the proximal renal vessels, open the Gerota's fascia and explore the kidney

-'With 17/e p281-286; Campbell 10th/1169-1178; Bailey 26th/1286-1288, 25th/1290-1291; JT Sturm, .IF Perry. Jr and A S Cass. Renal artery and vein injury following blunt trauma. Annals of surgery. Vol. 182 (6: 696-698.)



160. With respect to peripheral vascular disease, all of the following statements are true except:

a) Ankle brachial index < 0.5 indicates critical limb ischemia

b) The ankle-brachial index is different at rest than that during exercise

c) L-arginine is useful for providing endothelium-independent vasorelaxation

d) Smoking has a greater association with peripheral vascular disease than coronary vascular disease

Correct Answer - D

Ans. d. Smoking has a greater association with peripheral vascular disease than coronary vascular disease > c. L-arginine is useful for providing endothelium-independent vasorelaxation
Sainston 19/e p/ 730; Schwartz 9/e p751, Bailey 26th/S75, 25th/900-902)

- **Smoking has greater association with coronary artery disease than peripheral vascular disease.** L-Arginine is a precursor of Nitric oxide so helps in vasodilation due to synthesis of NO **by** endothelium. Hence it is endothelium-dependent.

161. A surgeon with less experience of laparoscopic cholecystectomy while doing laparoscopic surgery found some stone in common bile duct. What should he ideally do?

a) Open cholecystectomy with choledochoduodenostomy

b) Laparoscopic exploration of CBD and removal of stone

c) Laparoscopic CBD exploration through the cystic duct

d) Open CBD exploration

Correct Answer - D

Ans. d. Open CBD exploration

- Laparoscopic CBD exploration is an advanced surgery and if a surgeon is not trained for this then he should convert the case and do open cholecystectomy and open CBD exploration.
- The preparation and indications for cholecystectomy are the same whether it is performed by laparoscopy or by open techniques.
- For patients in whom a laparoscopic approach is not indicated or in whom conversion from a laparoscopic approach is required an open cholecystectomy is performed.

162. Investigation of choice for diagnosis of Zenker's diverticulum is:

a) CECT

b) Endoscopy

c) Esophageal manometry

d) Barium swallow

Correct Answer - D

Ans. d. Barium swallow

Investigation of choice for diagnosis of Zenker's diverticulum is a barium swallow.

- It is not a true esophageal diverticula, as it rises above the upper esophageal sphincter (the cricopharyngeal sphincter)
- Usually seen in patients over 50 years a
- MC symptom is dysphagia.
- Undigested food is regurgitated into the mouth, especially when the patient is in the recumbent position.
- Swelling of the neck, gurgling noise after eating, halitosis, and a sour metallic taste in the mouth are common symptoms
- Cervical webs are seen associated with 50% of patients with Zenker's diverticulum, which can cause dysphagia postoperatively if not treated.

163. Which of the following is not elevated in a child presenting with jaundice, icterus, pruritus and clay-colored stools?

a) 5' nucleotidase

b) Alkaline phosphatase

c) Glutamate dehydrogenase

d) Gamma glutamyl transpeptidase

Correct Answer - C

Ans. C. Glutamate dehydrogenase

- Glutamate dehydrogenase is not elevated in obstructive jaundice.
- Liver diseases in which necrosis of hepatocytes is the predominant event, such as toxic liver damage or hypoxic liver disease, are characterized by high serum GLDH levels.
- GLDH is important for distinguishing between acute viral hepatitis and acute toxic liver necrosis or acute hypoxic liver disease, particularly.
- Gamma-glutamyl transpeptidase is important to differentiate between neonatal hepatitis and biliary atresia in an infant with jaundice.

164. Peau d'orange in carcinoma breast is due to:

a) Obstruction of sub-dermal lymphatics

b) Infiltration of Cooper's ligament

c) Hematogenous dissemination

d) Hematogenous dissemination

Correct Answer - A

Ans: A. Obstruction of sub-dermal lymphatics

- Peau-d'orange is due to cutaneous lymphatic edema.
- Caused by obstruction of subdermal lymphatics.
- As the disease advances locally there may be skin involvement with peau d'orange or frank ulceration and fixation to the chest wall.
- This is described as cancer-en-cuirasse when the disease progresses around the chest wall.

165. A patient underwent thyroidectomy for hyperthyroidism. Two days later he was presented with features of thyroid storm. What is the most likely cause?

a) Poor antibiotic coverage

b) Rough handling during surgery

c) Removal of parathyroid

d) Inadequate preoperative preparation

Correct Answer - D

Answer D

- **Thyrotoxic crisis (storm)**- This is an acute exacerbation of hyperthyroidism.
- It occurs if a thyrotoxic patient has been inadequately prepared for thyroidectomy and is now extremely rare.
- Features: They present in 12-24 hours after surgery; with severe dehydration, circulatory collapse, hypotension, hyperpyrexia, tachypnoea, hyperventilation, palpitation, restlessness, tremor, delirium, diarrhea, vomiting, and cardiac failure; later coma.
- Treatment: Injection hydrocortisone, oral antithyroid drugs, tepid sponging of the whole body, beta-blocker injection, oral iodides, a large amount of IV fluids for rehydration, digitoxin, cardiac monitor, often ventilator support, with close observation.

166. A 60-year-old chronic smoker presented with progressive jaundice, pruritus and clay colored stools for 2 months. History of waxing and waning of jaundice was present. A CT scan revealed dilated main pancreatic duct and common bile duct. What is the likely diagnosis?

a) Carcinoma head of pancreas

b) Periapillary carcinoma

c) Chronic pancreatitis

d) Hilar cholangiocarcinoma

Correct Answer - B

Ans: B. Periapillary carcinoma

(Ref Sabiston 201e p1544, 19/e p1535-1544; Schwartz 10/e p1408, 9/e p1220-1225 Bailey 27/e p1234, 26/e p1138, Blumgart 5/e p919-925; Shackelford 7/e p1190-1196)

- Suggestive diagnosis is periapillary carcinoma.
- Since history of waxing and waning episode is seen.
- The waxing and waning nature of jaundice is due to sloughing of ampullary cancer, resulting in transient resolution of the jaundice.

167. What is false about Meckel's diverticulitis?

- a) Present in 3% of the population.
- b) Presents with periumbilical pain.
- c) Remnant of proximal part of vitellointestinal duct.
- d) Lies on the anti-mesenteric border.

Correct Answer - A

Ans: A. Present in 3% of the population.

(Ref .Sabo Ion 2(ke p1284, 19/e 1)1268-12;0; 3cliwarlz 10/e p1164, 9/e p1002- I OW. 1435: Bailey 27/e p1252, 26/e p1160-1170; Shackelford 7/e p695-698)

Meckel's diverticulum:

- Present in 2% of the population and not 3%.
- Persistent remnant of the vitellointestinal duct.
- Found on the antimesenteric side of the ileum, commonly at 60 cm from the ileocaecal valve and is classically 5 cm long.
- Contains all three coats of the bowel wall and has its own blood supply.

168. A child presented with a swelling in the right groin region. When the swelling was reduced, a gurgling sound was heard. Which of the following is an incorrect statement?

a) The sac contains omentum only

b) The hernia lies above and medial to pubic tubercle

c) Patent processus vaginalis

d) This type of hernia is most common in children

Correct Answer - A

Ans: A. The sac contains omentum only

(Ref Sabiston 20/e p1097, 19/e p1114-1115; Schwartz 10/e p1503, 9/e p1307, 1316; Bailey 27/e p1031, 26/e p954-959; Schackelford 7/e p.565-568)

- Gurgling sound on reduction in case of hernia indicates that the content is bowel, not omentum.

169. During laparoscopic inguinal hernia repair a tacker was accidentally placed below and lateral to the ilio-pubic tract. Postoperatively the patient complained of pain and soreness in the thigh. This is due to the involvement of:

a) Lateral cutaneous nerve of thigh

b) Ilioinguinal nerve

c) Genital branch of genitofemoral nerve

d) Obturator nerve

Correct Answer - A

Ans: A. Lateral cutaneous nerve of thigh

(Ref Sabiston 19/e pink Schwartz 10/e p-1515, 9/e p1313-1315; Sehackelford 7/e p562-565)

Neuropathic groin pain:

- Caused by damage to a nerve in the groin region and may be due to partial or complete division, stretching, contusion, crushing, suturing, or electrocautery.

Nerves involved:

- Ilioinguinal nerve, iliohypogastric nerve, both the genital and femoral branches of the genitofemoral nerve, and the lateral femoral-1 cutaneous nerve of the thigh.
- 1st two more prone to injury during an open herniorrhaphy.
- Latter (i.e. Lateral cutaneous nerve of thigh) are more likely damaged during laparoscopy.
- The genital and femoral branches of the genitofemoral nerve and the

lateral cutaneous nerve of the thigh are most at risk when the surgeon staples below the iliopubic tract when lateral to the internal .spermatic vessels.

- A burning, tingling pain along the lateral aspect of the thigh in the distribution of the lateral femoral cutaneous nerve is known as meralgia paresthetica
- Due to entrapment of that nerve.

Affected skin area:

- Hyperaesthetic and/or pruritic.
- Complain of tactile hallucination of a sensation of small insects creeping under the skin (formication).

170. Which of these is the most reliable method for monitoring fluid resuscitation?

a) Urine output

b) CVP

c) Pulse rate

d) Blood pressure

Correct Answer - A

Ans: A. Urine output

Goal of treatment:

- Restore cellular and organ perfusion.
- Hence, monitoring of organ perfusion should guide the management of shock.
- The best measures of organ perfusion and the best monitor of the adequacy of shock therapy remain the urine output.

171. What are the minimum and maximum possible values of Glasgow Coma Score?

a) Minimum = 3, Maximum = 15

b) Minimum = 0, Maximum = 13




c) Minimum = 0, Maximum = 15

d) Minimum = 3, Maximum = 18

Correct Answer - A

Ans: A. Minimum = 3, Maximum = 15

- In Glasgow Coma Scale (GCS), the maximum score is 15 and the minimum score is 3.

Behaviour	Response
 Eye Opening Response	4: Spontaneously 3: To speech 2: To pain 1: No response
 Verbal Response	5: Oriented to time, person and place 4: Confused 3: Inappropriate words 2: Incomprehensible sounds 1: No response
 Motor Response	6: Obeys command 5: Moves to localised pain 4: Flex to withdraw from pain 3: Abnormal flexion 2: Abnormal extension 1: No response

172. A patient had a massive bleeding during surgery. Which sized cannula should be used?

a) 16 Gauge

b) 20 Gauge

c) 22 Gauge

d) 24 Gauge

Correct Answer - A

Ans: A. 16 Gauge

(Ref Bailey 25/e p291)

- In a patient with massive bleeding, there is always a risk of patient going into shock and widest bore cannula available should be used for cannulation.
- The ACLS guidelines recommend securing intravenous access with two large-bore cannulae (14–16G) in patient needing resuscitation.

Gauge	Color code	External Diameter	Length	Flow Rate
14G	Orange	2.1 mm	45 mm	240 ml/min
16G	Grey	1.8 mm	45 mm	180 ml/min
18G	Green	1.3 mm	32/45 mm	90 ml/min
20G	Pink	1.1 mm	32 mm	60 ml/min
22G	Blue	0.9 mm	25 mm	36 ml/min
24G	Yellow	0.7 mm	19 mm	20 ml/min
26G	Violee	0.6 mm	19 mm	13 ml/min

173. All of the following complications are more common in ventouse assisted delivery than forceps except:

a) Subgaleal hemorrhage

b) Cephalhematoma

c) Intracranial hemorrhage

d) Transient lateral rectus palsy

Correct Answer - D

Answer- D. Transient lateral rectus palsy

Transient lateral rectus palsy is more common in forceps assisted delivery.

Subgaleal hemorrhage, cephalhematoma and intracranial hemorrhage are more common in ventouse assisted delivery.

174. In which of the following, neo-adjuvant chemotherapy is not used?

a) Osteosarcoma

b) Chest wall PNET

c) Breast cancer stage 2

d) Ovarian cancer stage 3

Correct Answer - C

Answer- C. Breast cancer stage 2

A. Early Invasive Breast Cancer (Stage I, IIA, IIB):

- Mastectomy + Axillary LN status assessment or BCT + Axillary LN status assessment + RT
- If sentinel LN can not be identified or found to harbor metastatic disease, axillary LN dissection (Level I+II) should be done.

175.

A young healthy male patient presented with abdominal pain and history of altered bowel habits from the last 6 months. On CT examination, there was dilated distal part of ileum, thickened ileocecal junction with thickened cecum with presence of sacculations on the antimesenteric border. The vascularity of adjoining mesentery is also increased and there is surrounding mesentery fat. Which of the following is not a differential diagnosis?

a) Ulcerative colitis

b) Crohn's disease

c) Tuberculosis

d) Ischemic bowel disease

Correct Answer - D

Answer- D. Ischemic bowel disease

- CT scans associated with bowel ischemia include dilation of the bowel lumen, bowel wall thickening abnormal bowel wall enhancement, arterial occlusion, venous thrombosis, and intramural or portal venous gas
- Dilation of an ischemic bowel segment suggests interruption of normal peristaltic activity.
- Symmetrical bowel wall thickening greater than 3 mm in a distended

segment.

176. Mortality associated with emergency abdominal aortic surgery is-

a) 0.1%

b) 0.2 %

c) 0.4 %

d) >50%

Correct Answer - D

Answer- D. >50%

- With careful preoperative cardiac evaluation and postoperative care, the operative mortality rate approximates 1-2%.
- After acute rupture, the mortality rate of emergent operation is 45-50%. Endovascular repair with stent placement is an emerging approach but at the current time is associated with a mortality rate of approximately 40%'- Harrison I 8/e p2063.

177. A 60 years old man presents to the emergency department with history of RTA, in unconscious state and gains consciousness in between but again becomes unconscious. The time when he becomes conscious is called as:

a) Lucid Interval

b) Extradural hematoma

c) Subdural hematoma

d) None

Correct Answer - A

Answer-A. Lucid interval

- This is a period occurring in insanity, during which all the symptoms of insanity disappear completely
- The individual is able to judge his acts soundly, and he becomes legally liable for his acts
- Lucid interval is seen in mania, melancholia and Extradural hemorrhage.

178. A 35 years old lactating mother presented with a painful breast lump. Most appropriate initial investigation should be-

a) Mammography

b) USG

c) MRI

d) X-ray

Correct Answer - B

Answer- B. USG

- USG and needle biopsy are used for diagnosis
- Mammography is rarely indicated due to its decreased sensitivity during pregnancy and lactation

179. Tumor marker for seminoma:

a) PLAP

b) LDH

c) AFP

d) HCG

Correct Answer - A

Answer- A. PLAP

PLAP (Placental alkaline phosphatase):

- Elevated levels present in as many as 40% patients with advanced disease.
- Most useful as a marker for bulk disease.
- Elevated in seminomaa

180. In a couple for treatment of infertility from the last four years, female partner is normal. Male partner has 0.8 ml semen volume per ejaculate on two repeated samples and absent fructose, with no sperms on examination under microscope. What is the next line of management?

a) Per-rectal examination to check ejaculatory duct obstruction

b) Give antioxidants

c) Testicular biopsy

d) Transrectal ultrasound to detect duct obstruction

Correct Answer - D

Answer- D. Transrectal ultrasound to detect duct obstruction

- Absent fructose with no sperms in ejaculate is suggestive of obstruction of vas deferens with seminal vesicle agenesis or obstruction. Next line of management in this patient would be transrectal ultrasound to detect duct obstruction.

Transrectal Ultrasound-

- High-frequency (5-7) MHz transrectal ultrasound (TRUS) offers superb imaging of the prostate, seminal vesicles, and ejaculatory ducts.
- Due to both accuracy and convenience, TRUS has replaced surgical vasography in the diagnosis of obstructive lesions that cause infertility.

181. In Glasgow coma scale, withdrawal to pain stimulus comes under:

a) M4

b) M3

c) M2

d) M5

Correct Answer - A

Answer- A. M4

- Maximum score-15, minimum score-3.
- Best predictor of outcome: Motor response
- Patients scoring 3 or 4 have an 85% chance of dying or remaining vegetative, while scores above indicate only a 5-10% likelihood of death.

182. A patient with spine, chest and abdominal injury in road traffic accident developed hypotension and bradycardia. Most likely reason is:

a) Hypovolemic shock

b) Hypovolemic + neurogenic shock

c) Hypovolemic + septicemic shock

d) Neurogenic shock

Correct Answer - D

Answer- D. Neurogenic shock

- Neurogenic shock- In addition to arteriolar dilation, venodilation causes pooling in the venous system, which decreases venous return and cardiac output.'- Harrison 18/e
- Interruption of sympathetic vasomotor input after a high cervical spinal cord injury, inadvertent cephalad migration of spinal anesthesia, or devastating head injury may result in neurogenic shock.

183. Which of the following is false regarding endemic bladder stones?

a) Always associated with recurrence

b) High incidence in cereal based diet

c) Peak incidence in 3 years old children in India

d) Most common type is ammonium urate or calcium oxalate

Correct Answer - A

Answer- A. Always associated with recurrence

- Primary bladder calculi are most common in children younger than the age of 10, with a peak incidence at 2 to 4 years of age. The disease is much more common in boys than in girls.
- 'Stones are usually solitary and once removed, rarely recur'- Campbell 10/e p2522
- Ammonium acid urate, calcium oxalate, uric acid, and calcium phosphate are the most common components of primary bladder calculi.- Campbell 10/e p2522

184. A patient after road traffic accident presented with tension pneumothorax. What is the first line of management?

a) Insert wide bore needle in 2nd intercostal space

b) Immediate chest X-ray

c) CT scanEmergency thoracotomy

d) Emergency thoracotomy

Correct Answer - A

Answer- A. Insert wide bore needle in 2nd intercostal space

- First line of management in tension pneumothorax: Insert wide bore needle in 2nd intercostal space.

185. A 60 years old male presented with fever, chills and dysuria. Patient was hospitalized in emergency for 5 days. PSA level was 7.4. Next best step in this patient:

a) Repeat PSA

b) TURP

c) TRUS guided biopsy

d) Antibiotics and admit

Correct Answer - D

Answer- D. Antibiotics and admit

Treatment for acute bacterial prostatitis:

- MC used antibiotics are: TMP-SMX and Ciprofloxacin (Both are having better concentration in prostatic tissue)
- Around 4-6 weeks of antibiotic therapy is used to avert chronic bacterial prostatitis.

186. Best management of contaminated wound with necrotic material:

a) Debridement

b) Tetanus toxoid

c) Gas gangrene serum

d) Broad spectrum antibiotics

Correct Answer - A

Answer. A. Debridement

Management for necrotizing fasciitis:

- This is a surgical emergency and surgical debridement is mandatory
- Treatment: Urgent surgical debridement + IV fluids + Broad spectrum IV antibiotics + Supportive treatment

187. An elderly male presents 2 months after renal trans-plantation with nephropathy. Which of the following can be a viral etiological agent?

a) Polyoma virus BK

b) Human herpes virus type 6

c) Hepatitis C

d) Human papilloma virus, high risk types

Correct Answer - A

Answer- A. Polyoma virus BK

Polyoma BK Virus:

- BK virus is Polyoma virus associated with nephropathy, typically after 1-4 months after transplant.
- High levels of BK virus replication detected by PCR in urine and blood are predictive of pathology. especially in setting of renal transplantation.
- Urinary excretion of BK virus and BK viremia are associated with the development of ureteric strictures, Polyoma virus associated nephropathy.

188. Following a RTA, a young man was brought to ER. Due to massive blood loss, 2 units of PRBC and 4 platelets obtained from blood bank. Only one IV line was accessible. What will you do?

a) Start PRBC 1st mid store platelet in room temperature

b) Start platelet and store PRBC in room temperature

c) Only transfuse PRBC

d) Transfuse PRBC and store platelet at 2-6 degrees

Correct Answer - A

Ans: A. Start PRBC 1st and store platelet in room temperature

Ref: ATLS 18th edn; 2018, Chapter 3 Shock

- First preference is PRBC followed by platelets
- In mean time, store platelets at room temperature.

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For any queries inbox @murtazakuchay

189. A young patient has been admitted with RTA and had massive hemorrhage. He needs to be transfused with large amounts of fluids. Which IV cannula is preferred?

a) Grey

b) Green

c) Blue

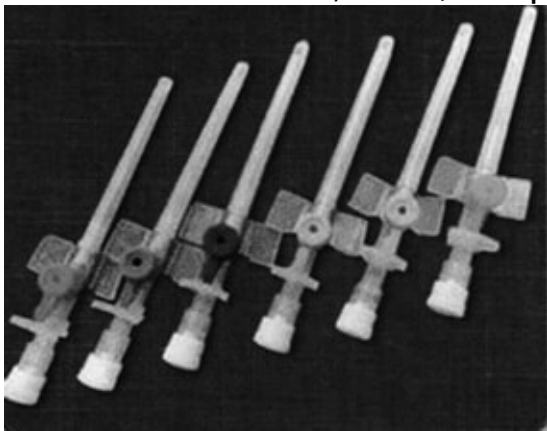
d) Pink

Correct Answer - B

Ans: B. Green

used for routine blood transfusions, transfusing large volumes of fluid, intravenous feeding of patients and the harvesting and separation of stem cells.

Ref: ATLS 18th edn; 2018, Chapter 3 Shock



Color	Size	External diameter(mm)	Length(mm)	Water flow rate (mL/min)
Grey	20G	0.8	40	10
Green	18G	1.3	40	20
Blue	16G	1.6	40	30
Pink	14G	2.0	40	40

Orange	14G 2.1 mm	45 mm	-240 mL/min
Gray	16G 1.8 mm	45 mm	-180 mL/min
Green	18G 1.3 mm	32 mm	-90 mL/min
Pink	20G 1.1 mm	32 mm	-60 mL/min
Blue	22G 0.9 mm	25 mm	-36 mL/min
Yellow	24G 0.7 mm	19 mm	-20 mL/min
Purple	26G 0.6 mm	19 mm	-13 mL/min

190. A patient came with profuse diarrhea and dehydration reaches OPD. For examination flow of fluids which cannula can be inserted:

a) Green

b) Blue

c) Grey

d) Violet

Correct Answer - C

Ans: C. Grey

- Grey is 16G cannula and wider the bore, higher the flow rate. Here the key is the rapid fluid replacement.

External diameter(mm)- 1.8 mm

Length(mm)- 45 mm

Water flow rate (mL/min)- 180 mL/min

uses- Rapid fluid replacement, trauma, rapid blood transfusion

Green- Large volumes of fluid, trauma, rapid blood transfusion

191. While doing emergency laparotomy for an intestinal obstruction, which organ will you first visualize to say whether it is small bowel or large bowel obstruction?

a) Ileum

b) Sigmoid colon

c) Cecum

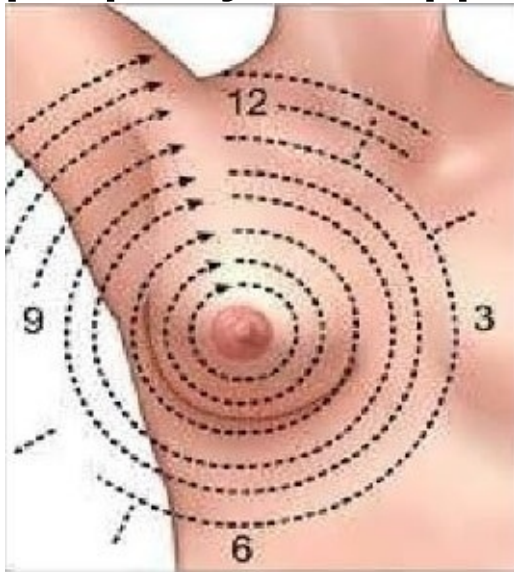
d) Rectum

Correct Answer - C

Ans: C. Cecum

- Cecum is always the first structure which should be seen in bowel obstruction. If it is dilated, then it suggests large bowel obstruction, where as if it is collapsed, then it is signifying small bowel obstruction.

**192. What is the method of breast examination depicted in the picture?
(The clinician was palpating with tips of finger except thumb started from 2 o'clock posterior palpated at 3 points on line joining periphery to nipple. Then again went to 3 o'clock point directly and came back centripetally while palpating at 3 points again on the line joining periphery and nipple).**



a) Vertical strip method

b) Concentric method

c) Clock wise method

d) Quadrant method

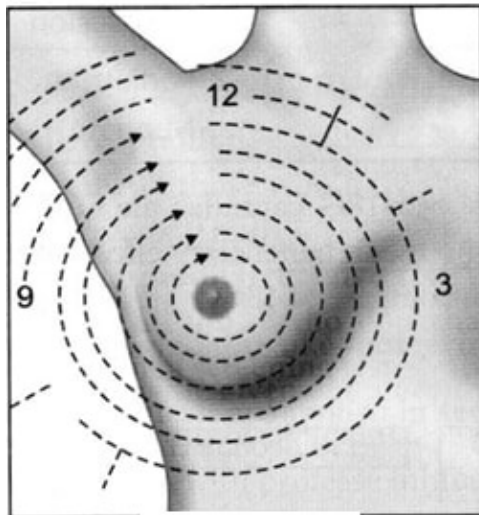
Correct Answer - C

Ans: C. Clock wise method

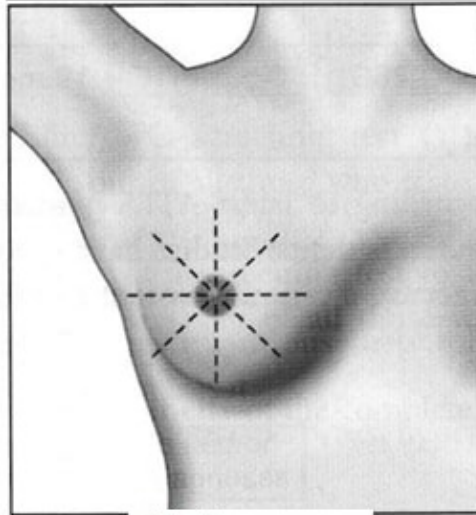
Ref Mayo Foundation

for **Medical** Research and <https://www.slideshare.net/rajud521/breast-self-examination>

Breast Self Examination



Clock pattern



Wedge pattern

193. For the transport of traumatized and conscious patient all the following are done *except*:

a) On a hard board with head/spine stabilized

b) In lateral lying position

c) Talk to patient while he is on board

d) Rolling without moving the spine

Correct Answer - B

Ans. b. In lateral lying position

- In patients of trauma, maintaining the patient in a supine flat position at all times protects the thoracic, lumbar, and sacral segments of the spine. That's why patient should not be put in lateral lying down position.
- "Cervical spine protection includes the use of a hard cervical collar and the maintenance of the log roll technique for all movement of the patient
- "Spinal immobilization with a rigid cervical collar and a long spine board is an immediate priority for pre-hospital personnel as a scene is approached.

194. In a school bus accident, which of the following victim you will attend first?

a) A child with airway obstruction

b) A child with shock

c) A child with flail chest

d) A child with severe head injury

Correct Answer - A

Ans. a. A child with airway obstruction

- The first priority in management of a case trauma is airway maintenance. Ensuring an adequate airway is the first priority in the primary survey of trauma.
- "Following a defined order of assessment, life-threatening conditions are immediately addressed at the time of identification. This initial assessment, also termed the primary survey, follows the mnemonic ABODE: Airway and cervical spine protection, Breathing, Circulation, Disability or neurologic condition, Exposure and environmental control."

195. Balanced resuscitation in trauma management is:

- a) Giving colloids and crystalloids ratio of 1:1
- b) Maintaining pH by ensuring acid base are balanced
- c) Maintaining permissible hypotension to avoid bleeding
- d) Maintaining airway, breathing and circulation simultaneously

Correct Answer - C

Ans. c. Maintaining permissible hypotension to avoid bleeding

Permissive hypotension is a part of balanced resuscitation in trauma management **to avoid bleeding.**

Components of balanced resuscitation (damage control resuscitation) are the following :

- Minimizing crystalloid based resuscitation.
 - Aim for **permissive hypotension** whenever possible.
 - Immediate release and administration of pre-defined blood products (red blood cells, plasma, and platelets) in ratios similar to those of whole blood.
- Balanced resuscitation minimizes the impact of trauma-induced coagulopathy, limits blood product waste, and reduces the complications that occur with aggressive crystalloid resuscitation.

196. Following a blunt trauma abdomen, a patient had renal laceration and urinoma. Even after 12 days, urinoma persisted, but the patient was stable and there was no fever. Next step in management would be:

a) Percutaneous exploration and repair

b) Wait and watch

c) J-shaped urinary stent

d) Percutaneous nephrostomy

Correct Answer - C

Ans. c. J-shaped urinary stent

- Management of urinoma is by endoscopic intervention, with cystoscopy, retrograde pyelography, placement of a ureteral stent, urethral catheter drainage, and intravenous antibiotics.
- "Although most post-traumatic urinomas are asymptomatic and have a spontaneous resolution rate approaching 85%, urinomas will occasionally persist.
- A small amount of urinary extravasation is usually not significant as long as they do not become infected.
- Initially, we treat the trauma by ureteric stenting
- Only for large urinoma, we drain by percutaneous drainage.

197. Which of the following is a true diverticulum of esophagus?

a) Parabronchial diverticulum

b) Epiphrenic diverticulum

c) Meckel's diverticulum

d) Zenker's diverticulum

Correct Answer - A

Ans: A. Parabronchial diverticulum

(Ref Bailey 27/e p1102.'26/e p1018: Sahiston 20/e p1019; Schwartz 10/e p994)

Traction diverticula:

- Also referred as **Parabronchial/midesophageal diverticula.**
- True diverticula.
- More common in midesophageal region around carinal lymph nodes.
- Occurs secondary to scarring, fibrosis & inflammatory processes in mediastinum pulling on esophageal wall.
- Over time esophageal wall herniatesà forming an outpouching à diverticulum ensues.

198. All of the following are signs of respiratory insufficiency except:

a) Hypoxia

b) Inability to speak

c) Strider during inspiration

d) All of the above

Correct Answer - D

Ans: D. All of the above

(Ref Bailey 27/e p929-925, 26/e p303: Sobiston 20/e p557: Harrison 19/e p1661, 1731, 1732).

Respiratory Insufficiency:

- Inability of lungs to function properly & maintain normal processes of oxygen uptake & carbon dioxide removal.

Sign & symptoms of respiratory insufficiency:

- Fatigue, shortness of breath, heavy breathing, rapid breathing, exercise intolerance, hypoxia, inability to speak & stridor during inspiration.

199. Which one of the following is a muscle splitting incision?

a) Kocher's incision

b) Rutherford-Morrison incision

c) Pfannenstiel incision

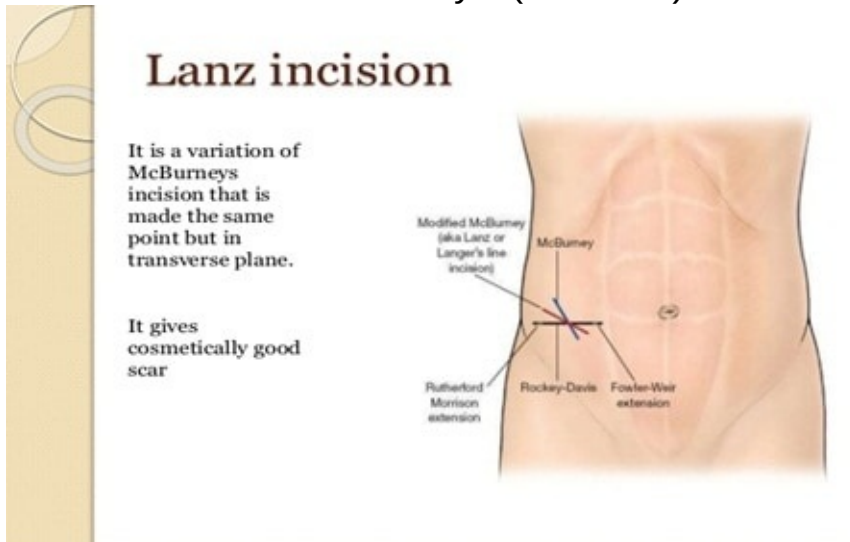
d) Lanz incision

Correct Answer - D

Ans: D. Lanz incision

Lanz incision:

- An oblique (transverse skin crease), muscle splitting incision used for an appendectomy.
- A modification of McBurney's (Grid Iron) incision.



Advantages:

- Considered cosmetically better.
- Exposure is better.
- The extension is easier.

Measurements:

- Incision, appropriate in length to size & obesity of patient - Approximately 2 cm below umbilicus centered on the midclavicular–mid inguinal line.
- It can be extended medially - With retraction or suitable division of rectus abdominis muscle.

200. After a midline laparotomy, you have been asked to suture the incision. What length of suture material will you choose?

a) 2x incision length

b) 4x incision length

c) 6x incision length

d) 8x incision length

Correct Answer - B

Ans: B. 4x incision length

(Rel. Bailey 27/e p1041, 26/e p965, 25/e p234)

- **According to Jenkins' rule, optimal ratio of suture length to wound length = 4:1.**
- If less length used than ratio à suture bites are too far apart or too tight.
- Converse applies if more length than ratio used."

201. A 44 years old male underwent a VATS thymectomy for Myasthenia gravis. During surgery, the pleura was accidentally injured. The surgeon decided to put a drain in the pleural cavity. Which of the following statements is correct about the timing of removal of intercostal chest tube?

a) Remove after partial expansion of lungs and

b) Remove after complete expansion of lungs and

c) Remove the tube on the 4th day irrespective of the status of lung expansion and drain amount

d) Remove after full expansion of lung and

Correct Answer - D

Ans: D

- Recommended to remove drain after checking lung for full expansion & drain output is

Ideal Time to Remove Drain

Surgery Postoperative Time to Remove the Drain

Thyroidectomy 24 hours

Chest Tube Management-

- At the conclusion of most thoracic operations, the pleural cavity is drained with a chest tube(s) pleural tubes can be removed After VATS lobectomy or thoracotomy with 24-hour drainage volumes as high as 400 mL, without subsequent development of pleural

effusions.

- It is our current practice to remove chest tubes with 24-hour outputs of 400 mL or less after lobectomy or lesser pulmonary resections. In settings where normal pleural fluid dynamics have been altered, such as malignant pleural effusion, pleural space infections or inflammation, and pleurodesis, strict adherence to a volume requirement before tube removal is appropriate (typically 100–150 mL over 24 hours).

202. The police has brought an unresponsive patient to you. What is the first thing you will do?

a) Start chest compressions immediately

b) Check carotid pulse

c) Check for response and call help

d) Start rescue breaths

Correct Answer - B

Ans: B. Check carotid pulse

(Ref BLS/ACLS Guidelines: <https://www.resus.org.uk/resuscitation-guidelines/adult-advanced-life-support>; Harrison 19/e p1768; Braunwald's 10/e p844-845)

- According to Adult Basic Life Support (BLS) algorithm in an unresponsive patient, next step is to check carotid pulse.

203. A 45 y ears old patient presented to you with ongoing massive hematemesis. The patient is alert and hemodynamically stable. What will be the first step in management?

a) Do an urgent upper GI endoscopy

b) Put the patient in recovery position and secure airway

c) Insert a cannula and start IV fluids

d) Send for blood transfusion

Correct Answer - B

Ans: B. Put the patient in recovery position and secure airway

(Ref BLS/ACLS Guidelines: <https://www.resus.org.uk/resuscitation-guidelines/adult-advanced-lik-support>: Harrison 19/e p1768: Bratinwald's 10/e p844-845)

BLS algorithm:

- Start airway management in any patient who is collapsed/expected to collapse.
- Patient here is hemodynamically stable.
- Airway - Most important component at risk in this patient & requires immediate attention.
- Put patient in recovery position.
- i.e. left lateral decubitus position to prevent the risk of aspiration.

204. Which of the following is the most common symptom of aortoiliac occlusive disease?

a) Calf claudication

b) Gluteal claudication

c) Impotence

d) Symptomless

Correct Answer - B

Ans: B. Gluteal claudication

(Ref Bailey 27/e p943-944, 261e 037, 879, 25/e p901; Sabiston 20/e p1739; Schwartz 10/e p874; Harrison 19/c p1643)

- Most common symptom of aortoiliac disease = Gluteal claudication.
Site of claudication:
- Distal to location of occlusive lesion.
- Eg: Buttock, hip, thigh & calf discomfort occurs in patients with aortoiliac disease.
- Calf claudication develops in patients with femoral–popliteal disease.

205. In a patient with obstructive jaundice, what is the possible explanation for a bilirubin level of 40 mg/dL?

a) Malignant obstruction

b) Complete obstruction of common bile duct

c) Renal failure

d) Liver failure

Correct Answer - C

Ans: C. Renal failure

(Ref Zakim and Boyer s Hepatologv (2016)/p109; Bailey 25/e p1128, Textbook of hepatologv 6/e p20t).

High bilirubin content:

- Causes of cholestatic jaundice (malignant obstruction, complete CBD obstruction).
- Presence of concomitant renal failure à Very high bilirubin beyond 30 mg/dL.

Conjugated hyperbilirubinemia:

- Results from impaired intrahepatic bilirubin excretion or extrahepatic obstruction.
- Due to continued urinary excretion, maximum serum bilirubin levels plateau at approximately 500 mmol/L (30 mg/dL) even with complete bile duct obstruction.

Extreme hyperbilirubinemia:

- Levels higher than 500 mmol/L (30 mg/dL).
- Commonly indicates severe parenchymal liver disease in association with hemolysis (as in sickle cell anemia) or renal failure.

206. All of the following are seen in MEN-1 syndrome except:

a) Posterior pituitary tumors

b) Pancreatic neuroendocrine tumors

c) Foregut carcinoid

d) Parathyroid hyperplasia

Correct Answer - A

Ans: A. Posterior pituitary tumors

(Ref Bailey 27/e p856-858, 26/e p795-797; Sabiston 20/e p993, 1003,- Harrison 19/e p2335)

MEN type I (MEN 1):

- Also referred "Wermer's syndrome".
- Characterized by triad of tumors involving parathyroids, pancreatic islets & anterior pituitary (not the posterior pituitary tumors).
- Additionally adrenal cortical tumors, carcinoid tumors usually of foregut, meningiomas, facial angiofibromas, collagenomas, and lipomas also occur.
- Affects all age groups (age range 5 to 81 years).
- Clinical & biochemical manifestations developing mainly in 5th decade.
- In absence of treatment, endocrine tumors are associated with an earlier mortality.
- Cause of death - Malignant tumor (pancreatic neuroendocrine tumor (NET) or foregut carcinoid).

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10. Dr Bhatia Smart Medicine : KUCH40

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207. Fine needle aspiration cytology (FNAC) is not enough to diagnose:

a) Papillary carcinoma of thyroid

b) Follicular carcinoma of thyroid

c) Carcinoma breast

d) Adenocarcinoma lung

Correct Answer - B

Ans: B. Follicular carcinoma of the thyroid

(Ref: Robbin's 9/e p1094, 8/e p1123).

FNAC:

- Not enough to diagnose follicular carcinoma.
- Since follicular carcinoma is differentiated from follicular adenoma based on capsular invasion & vascular invasion (not diagnosed by FNAC).

Limitations of FNAC in Thyroid Diseases:

- Not able to distinguish follicular adenoma from follicular carcinoma.
- Not able to distinguish Hurthle cell adenoma from Hurthle cell carcinoma
- Useless in Reidel's thyroiditis (Biopsy is preferred).
- FNAC is less reliable in patients who have a history of head & neck irradiation or family history of thyroid cancer due to the higher likelihood of multifocal lesions & occult cancer.

208. Which of these scoring systems is helpful in assessing severity of wound infection and is used for research and surveillance?

a) Southampton grading scale

b) ASA classification

c) Glasgow score

d) APGAR

Correct Answer - A

Ans: A. Southampton grading scale

(Ref Bailey 27/e p48, 26/e p53-54. 25/e p35-36).

- Southampton grading is used for surgical site infections.
- Scoring systems for severity of wound infection.
- Useful in surveillance & research.
- Examples - Southampton & ASEPSIS systems

Southampton Wound Grading System

Grade/Appearance	Subtype/Appearance
0: Normal healing°	
I: Normal healing with mild bruising or erythema°	Ia: Some bruising Ib: Considerable bruising Ic: Mild erythema
II: Erythema plus other signs of inflammation°	IIa: At one point IIb: Around sutures IIc: Along wound IId: Around wound

III: Clear or hemoserous discharge°

IV: Pus°

V: Deep or severe wound infection with or without tissue breakdown; Hematoma requiring

Ia: Some bruising

IIIa: At one point only (<2 cm)

IIIb: Along wound (>2 cm)

IIIc: Large volume

IIId: Prolonged (>3 days)

IVa: At one point only (<2 cm)

IVb: Along wound (>2 cm)

209. Non-visualization of gallbladder in hepatic scintigraphy is suggestive of:

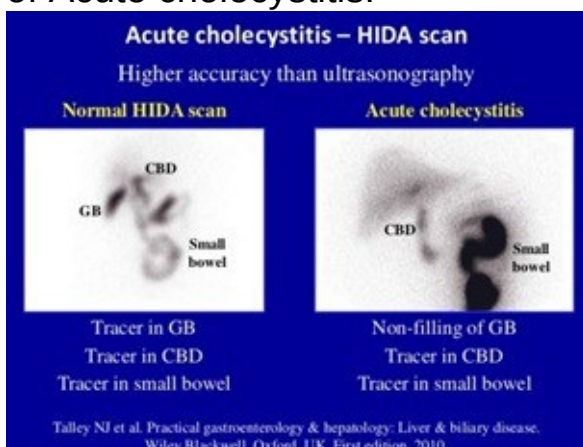
- a) Chronic cholecystitis
- b) Carcinoma gallbladder
- c) Acute cholecystitis due to gallstones
- d) Gallstones obstructing CBD

Correct Answer - C

Ans: C. Acute cholecystitis due to gallstones

(Ref. Sabiston 20/e p1488, 19/e pi 462, Schwartz 10/e p1315, 1320, Bailey 27/c 1)1192. 26/ep1101. Hlumgari 5/e p254-270: Shackelford 7/e p 1306)

- Non-visualization of gallbladder in hepatic scintigraphy is suggestive of Acute cholecystitis.



HIDA Scan:

- Allows visualization of biliary tree & gall bladder.
- GB visualized within 30 min of isotope injection in 90% of normal individuals and within 1 hour in the remainder.
- Bowel is usually seen within 1 hour in majority of patients.

Non-visualization of GB:

- Suggestive of acute cholecystitis.
- (Sensitivity & specificity-95%).

Delayed/reduced visualization of GB:

- Suggestive of chronic cholecystitis.
- Due to contracted gall bladder

Biliary scintigraphy:

- Helpful in diagnosing bile leaks & iatrogenic biliary obstruction.
- Confirms presence & quantifies leakage.

210. A pregnant lady was stabbed in the right side of the chest. She is shouting and yelling for help on entering the casualty. On examination, she has tachycardia and BP was 90/60 mm Hg, breath sounds are decreased on the right side. What is the first consideration for her?

a) Intercostal chest tube insertion

b) Emergent tracheostomy

c) Establish an intravenous line and start normal saline infusion

d) Immediate needle thoracostomy

Correct Answer - D

Ans: D. Immediate needle thoracostomy

(Ref: Sabiston 20/e p428 19/e p1599; Schwartz 9/e p.138; Bailey 27/e p367, 919, 26/e p354)

- This case is a classical description of tension pneumothorax of right hemithorax with decreased breath sounds and shock.
- Since patient is shouting it means her airway is clear.
- Immediate decompression with large bore needle in mid clavicular line in 2nd intercostal space is the urgent treatment for this patient lowered by insertion of IV line and fluid administration.

211. Urobilinogen levels in obstructed jaundice due to gallstones will be:

a) Markedly raised

b) Slightly increased

c) Normal

d) Completely absent

Correct Answer - D

Ans: D. Completely absent

(Ref: Harrison 19le p280, 18le p325)

- Suggestive of obstructive jaundice.

Function test	Prehepatic jaundice	Hepatic jaundice	Post-hepatic (Obstructive) jaundice
Total bilirubin	Normal/ increased	Increased ^o	Increased ^o
Conjugated bilirubin	Normal	Increased ^o	Increased ^o
Unconjugated bilirubin	Normal/ increased	Increased ^o	Normal
Urobilinogen	Normal/ increased	Decreased ^o	Decreased/ negative ^o
Urine color	Normal	Dark (urobilinogen +conjugated bilirubin) ^o	Dark (conjugated bilirubin) ^o
Stool color	Normal	Normal/pale ^o	Pale ^o
Alkaline phosphatase	Normal	Increased ^o	Increased ^o

prothrombinase levels	Normal	Increased ^o	Increased ^o
Alanine transferase & aspartate transferase levels	Normal	Increased ^o	Increased ^o
Conjugated bilirubin in urine	Absent ^o	Present ^o	Present ^o
Splenomegaly	Present ^o	Present ^o	Absent ^o

212. A 70 years old patient presents with a lesion on the cheek with raised, pearly borders and with telangiectasias on surface of the lesion. What is the likely diagnosis?

a) Basal cell carcinoma

b) Squamous cell carcinoma

c) Warts

d) Actinic keratosis

Correct Answer - A

Ans: A. Basal cell carcinoma

(Ref: Harrison 19/c p500; Robbins 9/e p1157)

- Lesion on the cheek with raised, pearly borders and with telangiectasia on surface of the lesion is highly suggestive of basal cell carcinoma.
Basal cell carcinomas:
- Present as pearly papules containing prominent dilated subepidermal blood vessels (telangiectasias).
- Arises from epidermal basal cells.
- Present as a small, slowly growing pearly nodule, often with tortuous telangiectatic vessels on its surface, rolled borders, and a central crust (nodular BCC).
- The occasional presence of melanin in this variant of nodular BCC (pigmented BCC) may lead to confusion with melanoma.
- Morpheaform (fibrosing), infiltrative, and micronodular BCC, the most invasive and potentially aggressive subtypes, manifest as

solitary flat or slightly depressed, indurated whitish, yellowish, or pink scar-like plaques.

213. A 2 years old child suffers flame burns involving face, bilateral upper limbs and front of chest and abdomen. What is the body surface area involved?

a) 40%

b) 45%

c) 54%

d) 60%

Correct Answer - A

Ans: A. 40%

(Ref Sabiston 201e p507, 19/e p523; Schwartz 91e p199-200; Bailey 261e p389)

- The best way to measure the area burned accurately is the Lund and Browder chart.
- Total body surface area affected in burns of a 2 years old child involving face (8.5%), bilateral upper limb (20%), front of chest & abdomen (13%) is 41.5% (approximately 40%).

214. A surgeon decides to operate a patient of carcinoma cecum and perform a right hemicolectomy through a midline laparotomy approach. You have been instructed to prepare the parts of the patient for surgery. What will you do?

a) Clean and drape from the level of nipple to mid-thigh

b) Clean and drape from chin to knee

c) Clean and drape from umbilicus to mid-thigh

d) Clean and drape from rib cage to inguinal regions

Correct Answer - A

Ans: A. Clean and drape from the level of nipple to mid-thigh

Area of Cleaning & Draping in Surgeries

Cranial surgery	Depends upon surgeon
Thyroid or neck surgery	Chin to nipple with shoulder & axilla°
Eye surgery	Cut eyelashes of affected eye
Nasal surgery	No shaving unless with mustache
Ear surgery	Two & half inches around ear°
Chest surgery	Base of neck to waist, axilla & inner arm°
Abdominal & pelvic surgery	Base of neck to waist, axilla & inner arm°
Kidney- anterior	Nipple to perineum, side to side; supra scapular region to buttocks
Vaginal.	Waist to perineum plus anterior & inner aspect of

scrotal, rectal surgery	thigh & 6 inches from groin; posterior?entire buttocks & anus°
Lower extremities	Digits 2 inches above knee, entire extremity and groin°
Upper extremities	Distal arm 2 inches above elbow, elbow up to axilla°

215. In a patient with dehydration, which of the following color intravenous cannula will you place for rapid fluid resuscitation?

a) Grey

b) Blue

c) Pink

d) Green

Correct Answer - A

Ans.: A. Grey

Gauge	Color code	External Diameter	Length	Flow Rate
14G	Orange	2.1 mm	45 mm	240 ml/min
16G	Grey	1.8 mm	45 mm	180 ml/min
18G	Green	1.3 mm	32/45 mm	90 ml/min
20G	Pink	1.1 mm	32 mm	60 ml/min
22G	Blue	0.9 mm	25 mm	36 ml/min
24G	Yellow	0.7 mm	19 mm	20 ml/min
26G	Violet	0.6 mm	19 mm	13 ml/min

216. After a surgery, the surgeon asked the intern to remove the Foley's catheter but he could not do it. The surgeon himself tried to remove the Foley's catheter but he was unsuccessful. What should be done next?

a) CT-guided rupture of bulb of Foley's

b) Inject ether to dissolve the balloon and pull it out

c) Inject water to overdistend the balloon until it bursts and Foley's can be removed

d) Use ultrasound guidance to locate and prick the balloon and then remove the catheter.

Correct Answer - D

Ans: D. Use ultrasound guidance to locate and prick the balloon and then remove the catheter.

<http://www.aafp.org/lafp12000109151p1397>).

- Best technique in this situation is ultrasound-guided rupture of balloon.

217. In a 40 years old patient with head injury, which of the following is the best strategy to decrease the intracerebral pressure?

a) Limiting pCO₂ of the patient

b) Administer sedatives

c) Oxygen supplementation by mechanical ventilation

d) Administer nimodipine

Correct Answer - A

Ans.: a. Limiting pCO₂ of the patient

(Ref Harrison 19/e p1780, 18/e p2257)

- Hyperventilation and decreasing pCO₂ is the initial and one of the most important treatment strategies to lower the ICP in a patient of head injury.
 - For ICP >20-25 mmHg for >5 min
 - Pressor therapy - Phenylephrine, dopamine, or norepinephrine to maintain adequate MAP to ensure CPP 60 mmHg (maintain euvolemia to minimize deleterious systemic effects of pressors)
- Consider second-tier therapies for refractory elevated ICP:**
1. High-dose barbiturate therapy ("pentobarb coma")
 2. Aggressive hyperventilation to PaCO₂ <30 mmHg
 3. Hypothermia
 4. Hemicraniectomy

218. Nimodipine is approved for use in:

a) Subdural hemorrhage

b) Extradural hemorrhage

c) Intracerebral hemorrhage

d) Subarachnoid hemorrhage

Correct Answer - D

Ans: D. Subarachnoid hemorrhage

(Ref: Harrison 19/e p1787, 1735; Ratting 13/e p202, 12/e p204).

- Nimodipine is approved for use in subarachnoid hemorrhage.
- Subarachnoid hemorrhage:**
- Typically treated with the calcium channel blocker nimodipine, aggressive IV fluid administration, and therapy aimed at increasing blood pressure, typically with vasoactive drugs such as phenylephrine.
 - The IV fluids and vasoactive drugs (hypertensive hypervolemic therapy) are used to overcome the cerebral vasospasm.
 - Early surgical clipping or endovascular coiling of aneurysms is advocated to prevent complications related to re-bleeding.
 - Hydrocephalus, typically heralded by a decreased level of consciousness, may require ventriculostomy drain.

219. A 27 years old lady with 20 weeks pregnancy presented with a thyroid nodule on right side. FNAC from the nodule was suggestive of papillary carcinoma. Which of the following is contraindicated in her management?

a) Total thyroidectomy plus neck node dissection

b) Right lobectomy

c) Radioactive iodine ablation

d) Total thyroidectomy

Correct Answer - C

Answer- B

Radioactive iodine ablation is contraindicated in pregnancy because of severe teratogenic effects.

Contraindications-

- Childhood
- Pregnancy
- Lactation

The standard primary treatment for patients with thyroid cancer remains total or near total thyroidectomy. In a pregnant woman, both maternal and fetal outcomes shall be considered before taking the decision of surgery.

220. A middle aged male patient presents with fever and diarrhea for 1 week and acute onset pain abdomen for 6 hours. An erect abdominal X-ray was taken as shown. What is the likely diagnosis?

a) Pseudomembranous colitis

b) Adenocarcinoma colon

c) Pneumatosis intestinalis

d) Toxic megacolon

Correct Answer - D

Answer- D. Toxic megacolon

Toxic megacolon is a serious life-threatening condition that can occur in patients with ulcerative colitis, Crohn's colitis, and infectious colitides such as pseudomembranous colitis

- This decompensation results in a necrotic thin-walled bowel in which pneumatosis can often be seen radiographically.

Diagnosis:

- Plain abdominal radiographs are critical for diagnosing toxic megacolon and for following its course.
- Transverse colon is usually the most dilated >6 cm on supine films.
- Multiple air-fluid levels in the colon are common; normal colonic haustral pattern is either absent or severely disturbed.

221. A person met with road traffic accident and came to casualty with contusion on anterior chest wall with Pulse rate-90/minute, BP-120/80 mm Hg, respiratory rate-16/minute. Normal heart sounds are heard but breath sounds were decreased on the left side and trachea was deviated towards right. Which of the following is the first line management?

a) Needle thoracostomy

b) Pericardiocentesis

c) Chest tube insertion and drainage

d) Immediate exploratory thoracotomy

Correct Answer - C

Answer- C. Chest tube insertion and drainage

- This case is a classical description of post RM traumatic pneumothorax of left hemithorax, with decreased breath sound and trachea shifted to the right. Presence of heart sounds indicates absence of cardiac tamponade. Tension pneumothorax is ruled out, as the patient is not having hypotension (BP-120/80 mm Hg). So the first line management is chest tube insertion and drainage.

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222. What is the sensitivity of axillary ultrasound in identifying axillary metastases in clinically node negative carcinoma breast?

a) 10-20%

b) 20-30%

c) 30-40%

d) 55-60%

Correct Answer - D

Answer- D. 55-60%

Sensitivity of axillary ultrasound in identifying axillary metastases in clinically node negative carcinoma breast is 55-60%.

223. A 55 years old patient presented with dysphagia. Identify the diagnosis from upper GI biopsy of esophagus shown in the following picture

a) Squamous cell carcinoma

b) Eosinophilic esophagitis

c) Barrett's esophagus

d) Adenocarcinoma

Correct Answer - C

Answer- C. Barrett's esophagus

Barrett esophagus is frequently present adjacent to the tumor.

Tumors most commonly produce mucin and form glands, often with intestinal type morphology

Distal squamous mucosa is replaced by metaplastic specialized (intestinalized columnar) epithelium, e.g. goblet cells, as a response to chronic injury; may regress after treatment

- Also called columnar lined esophagus
- Metaplasia of esophageal squamous epithelium into columnar in distal esophagus
- MC type of columnar epithelium is intestinal epithelium (Intestinal metaplasia)

224. A 36 years old patient underwent breast conservation therapy and chemotherapy for a 1.5 x 1.2 cm ER positive breast cancer with one positive axillary lymph node. She is now on tamoxifen. How will you follow-up the patient?

a) Annual bone scan

b) Assessment of tumor markers 6 monthly

c) Routine clinical examination 3 monthly in 1st year with annual mammogram

d) Routine clinical examination 3 monthly and 6 monthly liver function tests

Correct Answer - C

Answer- C. Routine clinical examination 3 monthly in 1st year with annual mammogram

Breast cancer follow-up should be done with history & physical examination Every 3 to 6 months for the first 3 years, every 6 to 12 months, 4 and 5 years, annually thereafter; Mammography annually, beginning no earlier than 6 months after radiation therapy. There is currently no routine role for repeated measurements of tumour markers or imaging other than mammography.

225. Maximum risk of carcinoma pancreas is seen in which of these?

a) Hereditary atypical multiple mole melanoma syndrome

b) Hereditary pancreatitis

c) Peutz-Jegher's syndrome

d) Familial adenomatous polyposis

Correct Answer - C

Answer- C. Peutz-Jegher's syndrome

- Maximum risk of carcinoma pancreas is seen in Peutz-Jegher's syndrome.
- **Peut's- Jeghers syndrome**
- Gene- STK11/LKB1 (19p13)
- Pancreatic cancer- 130

226.

A 45 years old female presented with a history of pain-less breast lump of size 6 x 5 cm in left upper quadrant with no axillary lymph nodes. A true-cut biopsy was suggestive of ductal carcinoma in situ. She undergoes surgery with resection of all tumor tissue with adequate margins and postoperative HPE showing DCIS with high grade necrosis with 4 mm clearance on margins. Which of the following is needed?

a) Adjuvant chemotherapy

b) Adjuvant chemoradiotherapy

c) Adjuvant radiotherapy

d) No additional treatment

Correct Answer - C

Answer- C. Adjuvant radiotherapy

In this case, patient is 45 years old (Score 2) with size 5 cm (Score 3), margin of 4 mm (Score 2), necrotic features without high grade (Score 2), the total score is 9. Usually for score 7-9, if local excision is done radiotherapy should be given,

If simple mastectomy is done, there is no need of adjuvant treatment
In this patient next best step would be adjuvant radiotherapy.

- DCIS is predominantly seen in the female breast (accounts for 5% of male breast cancers)
- DCIS carries a high risk for progression to an invasive cancer.

- DCIS is classified on the basis of nuclear grade & presence of necrosis

227. A middle-aged female presented with recurrent bloody diarrhea. Colonoscopy reveals multiple geographic ulcers and histopathological examination is shown below. What is the likely diagnosis?

a) Crohn's disease

b) Adenocarcinoma colon

c) Pseudomembranous colitis

d) Ulcerative colitis

Correct Answer - A

Answer- A. Crohn's disease

The microscopic features of active Crohn disease include abundant neutrophils that infiltrate and damage crypt epithelium. Clusters of neutrophils within a crypt are referred to as crypt abscesses and are often associated with crypt destruction. Ulceration is common in Crohn disease.

228. A 56 years old patient came to casualty with history of massive hemoptysis. His routine investigations and chest X-ray was normal. Which of the following is not done to prevent hemoptysis?

a) Bronchial artery embolization

b) Pulmonary artery embolization

c) Bronchoscopic laser cauterization

d) Lobectomy of the affected segment

Correct Answer - D

Answer- D. Lobectomy of the affected segment

All of the given options are used for control of hemoptysis in the following order: Bronchoscopic laser cauterization + Bronchial artery embolization + Pulmonary artery embolization + Lobectomy of the affected segment.

"Large-volume hemoptysis, referred to as massive hemoptysis, is variably defined as hemoptysis of >200-600 mL in 24 h. Massive hemoptysis should be considered a medical emergency.

229. Kraissl's lines arc:

a) Collagen and elastin lines in stab wounds

b) Point of maximum tension in a fracture

c) Point of tension in hanging

d) Relaxed tension lines in skin

Correct Answer - D

Answer- D. Relaxed tension lines in skin

Kraissl's lines are essentially exaggerated wrinkle lines obtained by studying the loose skin of elderly faces whilst contracting the muscles of facial expression. These lines for the most part correspond to Relaxed skin tension lines (RSTLs), but slight variation exists on the face, especially on the lateral side of the nose, the lateral aspect of the orbit, and the chin.

230. A patient underwent laparoscopic cholecystectomy and was discharged on the same day. On postoperative day 3, he presented to the hospital with fever. Ultra-sonography showed a 5 x 5 cm collection in the right sub diaphragmatic region. What will be the management?

a) Observe with antibiotic cover

b) Re-explore the wound with T-tube insertion

c) Pigtail insertion and drainage

d) ERCP and proceed

Correct Answer - C

Answer- C. Pigtail insertion and drainage

This patient is most likely having a biliary leak from the cystic duct stump, which has formed a large 5 x 5 cm collection.

Such a patient needs to be managed with intravenous antibiotics as well as drainage of the collections (as it acts as source of infection).

Ultrasound guided pigtail insertion is the easiest method to obtain adequate drainage of the bile leak.

231. A 40 year woman was brought to the casualty 8 hours after sustaining burns on the abdomen, both the limbs and back. What will be the best formula to calculate amount of fluid to be replenished?

a) $2 \text{ mL/kg} \times \% \text{TBSA}$

b) $4 \text{ mL/kg} \times \% \text{TBSA}$

c) $8 \text{ mL/kg} \times \% \text{TBSA}$

d) $4 \text{ mL/kg} \times \% \text{TBSA}$ in first 8 hours followed by $2 \text{ mL/kg/hour} \times \% \text{TBSA}$

Correct Answer - A

Answer- A. $2 \text{ mL/kg} \times \% \text{TBSA}$

Fluid resuscitation in burns:

- According to ATLS 10th edition, 2018, the **resuscitation formula** used in thermal burns is **$2 \text{ mL/kg} \times \% \text{TBSA}$** .
- First 8 hours: $1 \text{ mL/kg} \times \% \text{TBSA}$ (lactated Ringer solution)
- Next 16 hours: $1 \text{ mL/kg} \times \% \text{TBSA}$ (lactated Ringer solution)
- For a patient presenting 8 hours after sustaining thermal burns, the total volume using resuscitation formula should be given in the next 16 hours i.e; **$2 \text{ mL/kg} \times \% \text{TBSA}$ in the next 16 hours** while maintaining target urine output of 0.5 mL/kg/hr for adults.
- In adults, urine output should be maintained between 30 and 50 cc/hr to minimize potential over-resuscitation.
- The total percentage of the burnt area is calculated clinically using the rule of nines.

- Burns – Formulae for Fluid Calculation(Updated according to ATLS 10th edition 2018 guidelines)



232. A young boy presented to the casualty with history of fever, pain abdomen and vomiting. On examination, he was febrile with a pulse rate of 104/min. The resident was eliciting the sign shown below. Identify the sign:

a) Rovsing's sign

b) Ballance's sign

c) McBurney's point tenderness

d) Psoas sign

Correct Answer - C

Answer- C. McBurney's point tenderness

The given clinical picture is suggestive of acute appendicitis. In the image, resident is eliciting McBurney's point tenderness in the patient of acute appendicitis.

"Ballance's sign: A fixed area of percussible dullness in the left upper quadrant due to coagulation of blood from the injured spleen.

233. A patient of motor vehicle accident was admitted to the casualty. He does not speak but moans every now and then, eyes are closed but opens to pain, the right limb is not moving but the left limb shows movement to pain. Both the legs are in extended posture. What will be the GCS score?

a) 5

b) 7

c) 9

d) 11

Correct Answer - C

Answer- C. 9

Here, E=2(eyes opening to pain); V= 2(moans or Incomprehensible sounds); M= 5 (Movement of one limb toward pain, Extended posture doesn't imply M2 in presence of pain localization).
Hence, GCS= E2V2MS = 9.

234. A patient met with a RTA with paralysis of both upper and lower limb. Patient has not passed urine and tenderness elicited in the cervical region. What will you advise?

a) The doctor should order a cervical X-ray and shift the patient from the trolley by himself

b) The patient should not be shifted and portable X-ray machine should be used after neck stabilization

c) The doctor will instruct the radiographer to take cervical and chest X-ray

d) The doctor will instruct the radiographer to take cervical X-ray AP and lateral view without any cervical support

Correct Answer - B

Answer- B. The patient should not be shifted and portable X-ray machine should be used after neck stabilization

The given clinical situation suggests a cervical spine injury due to trauma. The patient should not be shifted and a portable X-ray machine should be used after neck stabilization.

Management in a trauma patient with suspected cervical fracture:

* Spinal immobilization with a rigid cervical collar and a long spine board is the immediate step in the management of blunt/penetrating cervical trauma cases.

* It is followed by a gross assessment of spinal cord function by eliciting extremity movement. Tenderness over the injured vertebrae or the presence of a deformity is indicative of an associated fracture.

* Imaging is done by X-ray or CT.

* X-rays

- Portable X-ray machines are preferred to avoid further injury while mobilizing the patient.

- Cannot visualize cervicothoracic junction

- Useful in thoracic and lumbar vertebrae

* Cervical CT scan

- Modality of choice.

- High quality.

235. All the following are true about imaging in primary survey of a trauma patient except:

a) Cervical X-ray is not mandatory

b) Chest X-ray and pelvic X-ray are taken as a part of primary survey

c) Hemodynamically unstable patients should not be sent for CT scan

d) All patients should have chest X-ray-PA view only

Correct Answer - D

Answer- D. All patients should have chest X-ray-PA view only
Chest X-ray and X-ray pelvis are taken in AP view in the adjuncts to the primary survey of a trauma patient.

The steps in the ATLS (Advanced Trauma Life Support):

- Primary survey with simultaneous resuscitation – identify and treat what is killing the patient
- Secondary survey – proceed to identify all other injuries
- Definitive care – develop a definitive management plan

ABCDE of trauma care:

- **A**irway assessment and protection (maintain cervical spine stabilization when appropriate)
- **B**reathing and ventilation assessment (maintain adequate oxygenation)
- **C**irculation assessment (control hemorrhage and maintain adequate end-organ perfusion)
- **D**isability assessment (perform basic neurologic evaluation)
- **E**xposure, with environmental control (undress patient and search

everywhere for possible injury, while preventing hypothermia)

Adjuncts to the primary survey:

- Blood – FBC, urea and electrolytes, clotting screen, glucose, toxicology, cross-match
- ECG
- Two wide-bore 18G cannulae for intravenous fluids
- Urinary and gastric catheters
- Radiographs of the cervical spine and chest
- Lateral cervical spine, chest AP view, and pelvis AP view are done when necessary.
- Other more specialized forms of imaging, such as ultrasound, computerized tomography, angiography, and diagnostic peritoneal lavage, should be considered after the secondary survey and only when the patient is stable after initial resuscitation.

236. A 1.5 years old child was brought to emergency with history of burn by hot water on both hands and palms. The lesion was pink, oozing and painful to air and touch. Which of the following is the best management for this patient?

a) Paraffin gauze and dressing

b) Collagen dressing

c) Excision and grafting

d) Apply 1% silver sulfasalazine ointment and keep the wound open

Correct Answer - A

Answer- A. Paraffin gauze and dressing

Paraffin gauze and dressing - Collagenase is the most commonly employed enzymatic debriding agent currently commercially available in the United States.

- It is slow acting, requiring several days to one week to adequately debride or heal intermediate-depth partial thickness wounds.
- Superficial Burns**
- Clean the burn wound & remove the roof of all blisters
 - Expose superficial burns of face but apply sterile liquid paraffin to reduce crusting.
 - For burns of perineum, clean & expose but apply silver sulfadiazine cream. Nurse the patient without dressings on a sterile sheet on air or water-bed.
 - Cover superficial burns of other areas with two layers of paraffin

gauze & a bulky absorptive dressing

237. A male came to the ER after car accident. He had dyspnea and chest pain with ecchymosis on anterior chest wall. On examination, pulse -120lmin, BP- 80/50mmHg, breaths sounds were decreased on left side, JVP was raised and tympanic note was present on percussion. Pelvis and extremities were normal.What is your diagnosis?

a) Tension pneumothorax

b) Cardiac tamponade

c) Massive hemothorax

d) Hydropneumothorax

Correct Answer - B

Ans. B

Ref: Bailey and Love's short practice of Surgery, 26th ed., pg. 354

- Beck's triad is a collection of three medical signs associated with acute cardiac tamponade, an emergency condition wherein fluid accumulates around the heart and impairs its ability to pump blood. The signs are low arterial blood pressure, distended neck veins, and distant, muffled heart sounds.
The three components of Beck's triad are:
- **Distended neck veins**
- Muffled heart sounds. and
- Hypotension.

- Other symptoms include tachypnoea, dyspnoea, tachycardia, and hypoxia.

238. Which of the following is correct regarding the boundaries of triangle of doom?

a) Medially vas deferens, laterally gonadal vessel, inferiorly peritoneum

b) Laterally vas deferens, medially gonadal vessel, inferiorly peritoneum

c) Laterally medial umbilical ligament, medially gonadal vessel, Lateral inferiorly peritoneum

d) Laterally gonadal vessels and medially lateral umbilical ligament, inferiorly peritoneum

Correct Answer - A

Ans. A. Medially vas deferens, laterally gonadal vessel, inferiorly peritoneum

Ref: Master techniques in surgery Hernia, Josef E. Fischer, 2013, pg. 161-162.

Boundaries of Triangle of Doom (Content - External iliac vessels)

- Vas deferens medially
- Spermatic vessels laterally
- Peritoneal fold inferiorly

Boundaries of Triangle of Pain (Content - Lateral femoral cutaneous nerve)

- Laterally iliopubic tract
- Medially Gonadal vessels

239. Which of the following is wrong regarding superior mesenteric artery syndrome?

a) Superior mesenteric artery is compressed by third part of duodenum at the ligament of Treitz attachment

b) Superior mesenteric artery has a normal angle between 38-65 degree in relation to duodenum

c) Strong procedure is corrective surgery in which ligament of Treitz is divided

d) Superior mesenteric artery syndrome is characterized by an angle less than 25 degree due to loss of intervening mesenteric pad of fat

Correct Answer - A

Ans. A. Superior mesenteric artery is compressed by third part of duodenum at the ligament of Treitz attachment

Ref: Mastery of surgery, 6th ed., ch-95, pg. 1089-1,091

- Normally, the aortomesenteric angle and aortomesenteric distance are 38-65° and 10-28 mm, respectively.
- Imaging studies suggest compression of the third portion of the duodenum as it passes between the superior mesenteric artery and the aorta.

240. Class 3 hemorrhagic shock refers to

a) 5–15%

b) 10–20%

c) Blood loss between 30%-40%

d) Blood loss more than 40%

Correct Answer - C

Ans. C. Blood loss between 30%-40%

	Class I	Class II	Class III	Class IV
Blood loss (%)	0-15	15-30	30-40	>40
Central nervous system	Slightly anxious	Mildly anxious	Anxious or confused	Confused or lethargic
Pulse (beats/min)	<100	>100	>120	>140
Blood pressure	Normal	Normal	Decreased	Decreased
Pulse pressure	Normal	Decreased	Decreased	Decreased
Respiratory rate	14-20/min	20-30/min	30-40/min	>35/min
Urine (ml/hr)	>30	20-30	5-15	Negligible
Fluid	Crystalloid	Crystalloid	Crystalloid + blood	Crystalloid + blood

241. An intubated patient with eye opening to pain with abnormal flexion. What is the GCS score?

a) E2Vn1M3

b) E2Vn1M3

c) E2V1M3

d) E2V1M4

Correct Answer - C

Ans. C

- Ref Greenberg's Handbook of neurosurgery, 5th ed., ch-18, pg, 296.

Points)	Best eye opening	Best verbal	Best motor
6			Obeys
5		Oriented	Localizes pain
4	Spontaneous	Confused	Withdraws to pain
3	To speech	Inappropriate	Flexion (decorticate)
2	To pain'	Incomprehensible	Extensor (decerebrate)
1	None	None	None'

242. Where is the second step of damage control resuscitation carried out?

a) In emergency

b) In ICU

c) In OT

d) Prehospital resuscitation

Correct Answer - B

Ans. B. In ICU

Ref: Sabiston furtbook of surgery, 2Ah ed., ch-L6, pg. 417

- Damage Control Sequence
 - Step 0 Early recognition
 - Hemorrhage control
 - Step 1 Operating Room
 - Control Haemorrhage
 - Exploration
 - Control contamination
 - Intra-abdominal packing
 - Temporary closure
 - Step 2 ICU
 - Core rewarming
 - Correct coagulopathy
 - Maximize hemodynamic
 - Ventilatory support
 - Injury identification
 - Step 3 Operating Room
 - Pack removal
 - Definitive repair

Definitive Report

243. A 20-year-old male presents with hard painless testicular swelling on investigation AFP is 3080. No paraaortic or iliac nodes as well as no mediastinal lymph nodes found. usG shows uniform echotexture and small areas of necrosis surrounding structures are normal. What is the next best step:

a) FNAC

b) Trucut bioPsY

c) High inguinal orchidectomy

d) PET-CT

Correct Answer - C

Ans. C. High inguinal orchidectomy

Re.f: Sabiston textbook of surgery, 2AI' ed., ch-72, pg. 2102-2104

- Initial treatment of suspected testicular tumour is radical inguinal orchidectomy, which involves removal of the testicle and spermatic cord at the level of the inguinal ring.
- Because of the characteristic and well-described lymph drainage of the testicle there is no role for trans-scrotal biopsy or orchidectomy.

244. Which score is used for wound infection

a) Glasgow coma scale

b) Southampton score

c) Apgar score

d) SIRS score

Correct Answer - B

Answer- B. Southampton score

- Southampton score and ASEPSIS criteria are used for wound infection.
- There are scoring systems for the severity of wound infection, which are particularly useful in surveillance and research.
- Examples are the Southampton and ASEPSIS systems

Grade	Appearance
0	Normal healing
I	Normal healing with mild bruising or erythema
Ia	Some bruising
Ib	Considerable bruising
Ic	Mild erythema
II	Erythema plus other signs of inflammation
IIa	At one point
IIb	Around sutures
IIc	Along wound
IId	Around wound
III	Clear or haemoserous discharge
IIIa	At one point only (
IIIb	Along wound (>2 cm)
IIIc	Large-volume
IIId	Prolonged (>3 days)
Major complications	
IV	Pus
IVa	At one point only (

IVb	Along wound (>2 cm)
V	Deep or severe wound infection with or without tissue breakdown; hematoma requiring aspiration

245. Which of the following does not cause head and neck squamous cell carcinoma

a) Alcohol

b) Betel nut

c) HPV

d) EBV

Correct Answer - D

Answer- D .EBV

The most important risk factors for developing HNSCC are tobacco smoking and alcohol consumption.

Consumed in betel quids containing areca nut increases the risk of developing HNSCC.

HNSCCs of the oral cavity and oropharynx, are becoming more prevalent, which may be related to an increase in oral and oropharyngeal HPV infection.

246. Most common cause of intertrochanteric fracture in old is -

a) Osteoporosis

b) Paget's dis

c) Osteopetrosis

d) Osteomalacia

Correct Answer - A

Answer- A. Osteoporosis

- Having osteoporosis
- Having a history of other bone problems or fractures
- Having low bone density and low muscle mass

247. Numbness on shaving after parotidectomy due to which nerve injury?

a) Facial nerve

b) Auriculotemporal nerve

c) Greater auricular nerve

d) Occipital nerve

Correct Answer - B

Answer- B. Auriculotemporal nerve

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248. Most common functional tumors of endocrine pancreas?

a) Vipoma

b) Gastrinoma

c) Glucagonoma

d) Somatostatinoma

Correct Answer - B

Answer- B. Gastrinoma

Insulinoma is the most common functional tumour but if that wasnt there in the optios then gastrinoma is the next answer.

249. Chronic alcoholic comes with pain epigastrium and recurrent vomiting. On examination guarding in upper epigastrium. Chest X-ray normal. What to do next?

a) UGI endoscopy

b) Serum lipase

c) CECT

d) Alcohol breath test

Correct Answer - B

Answer- B. Serum lipase

Serum amylase and lipases are the initial investigations done in patients with acute pancreatitis.

CECT is the investigation of choice but the initial investigation in such patients.

250. During diagnostic laparoscopy for undescended testis, there are absent testicular vessels. What should be done next?

a) Explore further

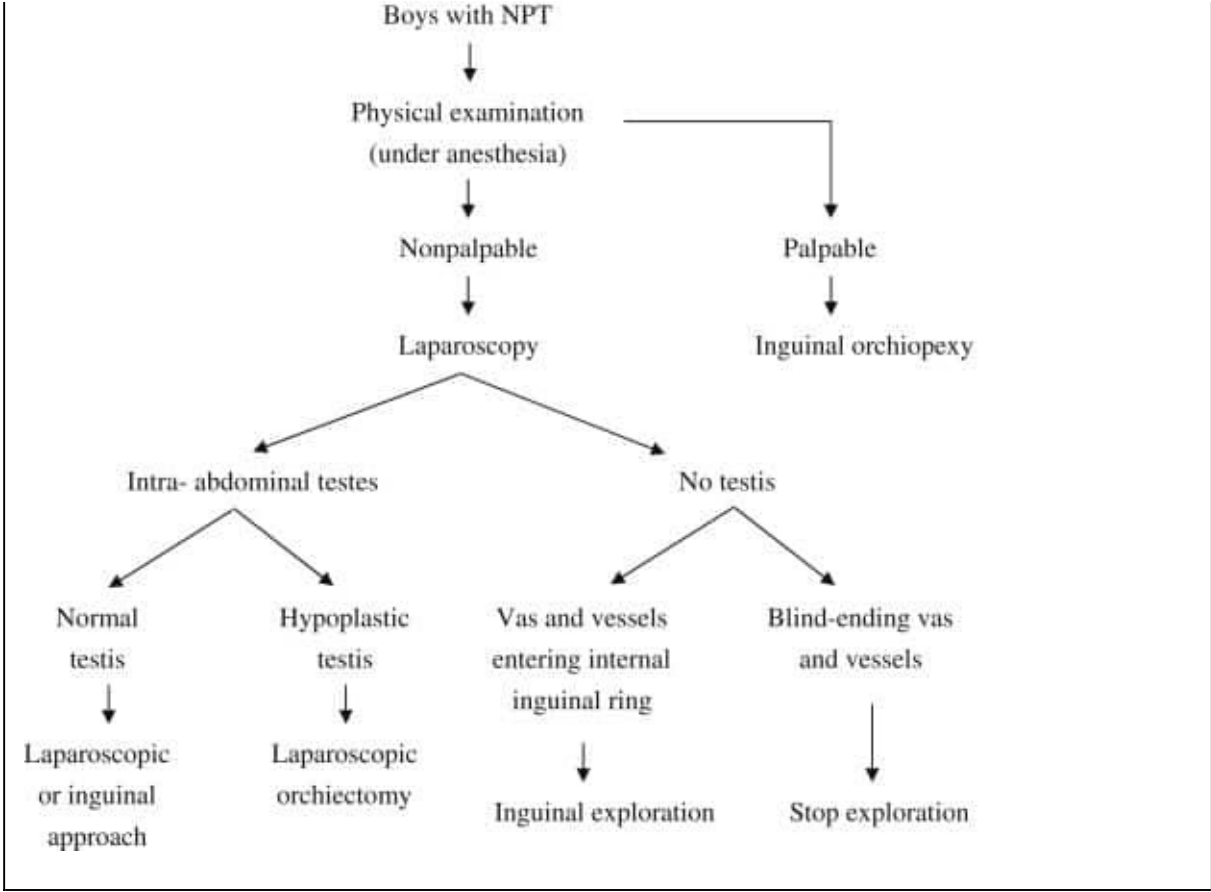
b) Nothing is to be done

c) Inguinal exploration

d) Scrotal examination

Correct Answer - C

Answer- C



251. Which of the following structure is not removed in radical neck dissection-

a) Spinal accessory nerve

b) Submandibular

c) Tail of parotid

d) Level 2 b lymph nodes

Correct Answer - C

Answer- C

Structures removed during radical neck dissection-

The classic operation involves resection of the cervical lymphatics and lymph nodes and those structures closely associated:

1. the internal jugular vein,
2. the accessory nerve,
3. the submandibular gland, and
4. the sternocleidomastoid muscle.

252. All are features of SIRS except-

a) RR > 24 & Paco₂ < 22 mm hg

b) WBC > 11 or < 4

c) Temperature < 36 and > 38

d) PR > 90

Correct Answer - A

Answer- A. RR > 24 & Paco₂ < 22 mm hg

Systemic Inflammatory Response Syndrome

Temperature > 38.3°C, or < 36°C

Heart Rate > 90 bpm

Respiratory rate > 20 breaths/min

White cell count < 4 or > 12 g/L

Blood glucose > 7.7 mmol/L not diabetic

New altered mental state

253. Treatment of choice in a patient with a staghorn calculus with mild hydronephrosis?

a) ESWL

b) PCNL

c) RIRS

d) Open surgery

Correct Answer - B

Answer- B. PCNL

PCNL is the best answer as the patient has hydronephrosis and in an obstructed system ESWL is not useful as stone fragments don't get cleared.

254. A patient presents to the ER after a RTA with multiple rib injuries. He is conscious, speaking single words. RR= 40/ minute, BP= 90/40mm Hg. What is the next immediate step in management?

a) Intubate the patient

b) Urgent fluid infusion

c) Chest X- ray

d) Needle insertion in 2nd ICS

Correct Answer - D

Answer- D. Needle insertion in 2nd ICS

This is a case of pneumothorax. Although the new ATLS update is 5th intercostal space in mid axillary line but in this question we will go with a time tested method of needle in the 2nd ICS.

255. Percentage of SSI rate in patients with a clean contaminated wound?

a) 1-2%

b) <10%

c) 10- 20 %

d) 20- 30 %

Correct Answer - B

Answer- B. <10%

- Clean wound- 1- 2%
- Clean contaminated- 7- 10%
- Contaminated- 10- 20%
- Dirty- >20%
- class I (clean):2%
- class II (clean contaminated):5-15%
- class III (contaminated):>15%
- class IV (dirty):>30%

256. Which one of the following does not classify as locally advanced breast cancer?

a) Tumour more than 4cm

b) Inflammatory breast cancer

c) Chest wall involvement

d) Skin involvement

Correct Answer - A

Answer- A. Tumour more than 4cm

Locally advanced breast cancer-

T4 N2 N3 M0

257. Which of the following is not a component of quick SOFA (qSOFA) scoring?

a) Bilateral undilated pupils

b) Altered Mentation

c) Glasgow Coma Score

d) SBP \leq 100 mm Hg

Correct Answer - A

Answer- A. Bilateral undilated pupils

Assessment	qSOFA score
Low blood pressure (SBP \leq 100 mmHg)	1
High respiratory rate (\geq 22 breaths/min)	1
Altered mentation (GCS \leq 14)	1

258. Which of the following would you consider orthostatic hypotension?

a) SBP fall by 20 mm hg, DBP fall by 10 mm hg within 3 minutes

b) SBP fall by 20 mm hg, DBP fall by 10 mm Hg within 6 minutes

c) SBP fall by 30 mm hg, DBP fall by 20 mm Hg within 3 minutes

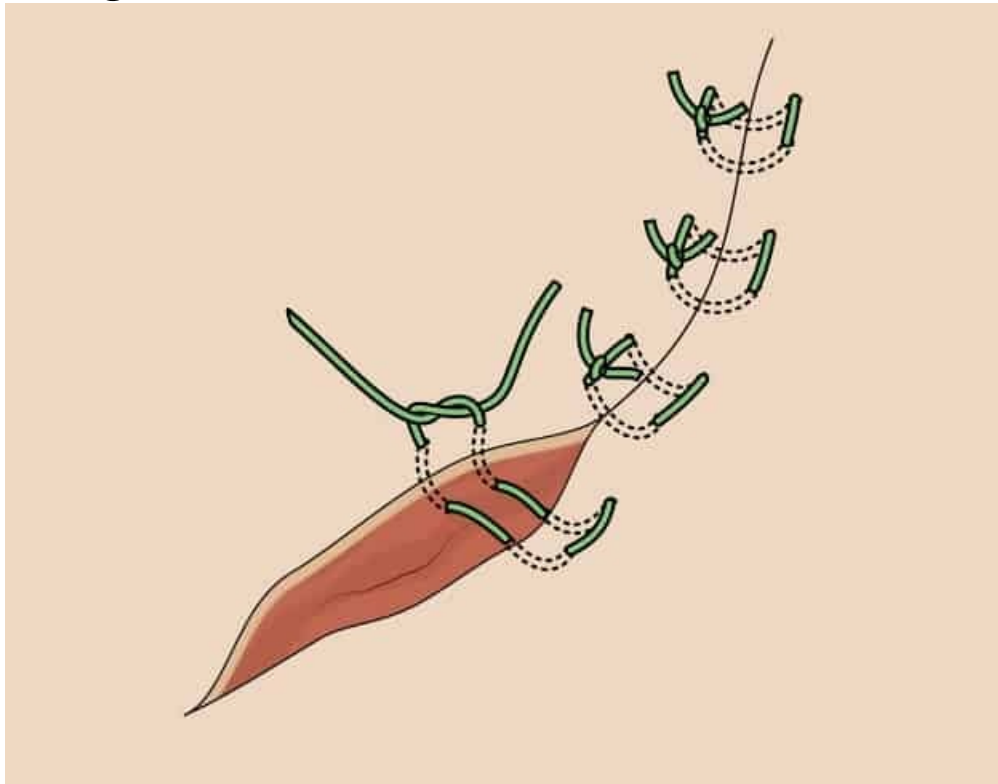
d) SBP fall by 30 mm hg, DBP fall by 20 mm hg within 6 minutes

Correct Answer - A

Answer- A. SBP fall by 20 mm hg, DBP fall by 10 mm hg within 3 minutes

Orthostatic hypotension is defined as a decrease in systolic blood pressure of 20 mm Hg or a decrease in diastolic blood pressure of 10 mm Hg within three minutes of standing when compared with blood pressure from the sitting or supine position.

259. Identify the suturing technique in the image



a) Horizontal mattress suturing

b) Vertical mattress suturing

c) Interrupted

d) Running locked suture

Correct Answer - A

- The horizontal mattress stitch is a suture technique used to close wounds. It everts skin well and spreads tension along the wound edge.
- Horizontal mattress — A horizontal mattress suture can also be

used to achieve wound eversion in areas of high skin tension

- The half-buried horizontal mattress suture combines elements of the horizontal mattress suture with a dermal closure. It can be used to approximate the corner of a flap.
- The horizontal mattress is so secure that it can compromise the blood supply to the tissue contained within the stitch. This can be helpful to prevent wound bleeding, but it can cause strangulation and skin necrosis if tied too tightly.

260. Which is not associated with GDM (Gestational DM)?

a) Past history of fetal abnormality

b) Obesity

c) Hypertension

d) Macrosomia

Correct Answer - C

Answer- C. Hypertension

A previous diagnosis of gestational diabetes or prediabetes, impaired glucose tolerance, or impaired fasting glycaemia.

Being overweight, obese

A previous pregnancy which resulted in a child with a macrosomia.

261. False statement about Thyroglossal Duct cyst is-

- a) Infected thyroglossal cyst from sinus
- b) Lined by pseudostratified columnar epithelium
- c) 40% cases have sub hyoid location
- d) It is due to congenital

Correct Answer - A

Answer- A. Infected thyroglossal cyst from sinus

Thyroglossal cysts are the most common cause of midline neck masses and are generally located caudal to (below) the hyoid bone. Thyroglossal Duct Cysts are a birth defect.

A thyroglossal cyst is lined by pseudostratified, ciliated columnar epithelium while a thyroglossal fistula is lined by columnar epithelium.

A thyroglossal duct cyst may rupture unexpectedly, resulting in a draining sinus known as a thyroglossal fistula.

262. On massive blood transfusion the following complication occurs-

a) Respiratory acidosis

b) Metabolic acidosis

c) Metabolic alkalosis

d) Respiratory alkalosis

Correct Answer - C

Answer- C. Metabolic alkalosis

Banked blood has a pH of 6.8 and is acidotic.

After massive transfusion citrate in the stored blood is converted into bicarbonate resulting in metabolic alkalosis.

Other complications are-

Hypokalemia

Hypothermia

Hypocalcemia

Ref: Transfusion Medicine and Hemostasis: Clinical and Laboratory Aspects By Christopher D. Hillye, Page 291 ; Yao and Artusio's Anesthesiology: Problem-Oriented Patient Management By Fun-Sun F. Yao, 6th Edition, Page 1148

263. Arrange the sequence order of renal injury grading from low to high grade

a) Subcapsular perirenal hematoma

b) Hematoma confined to Gerota Fascia

c) Uretero-pelvic avulsion

d) Shattered kidney

Correct Answer - A:B:C:D

Answer- A, B, D, C

Renal injuries are classified as follows:

- * Grade I: contusion or non-enlarging subcapsular perirenal haematoma, and no laceration.
- * Grade II: superficial laceration
- * Grade III: laceration >1 cm without extension into the renal pelvis or collecting system (no evidence of urine extravasation).
- * Grade IV
- * Laceration extends to renal pelvis or urinary extravasation.
- * Vascular: injury to main renal artery or vein with contained haemorrhage.
- * Segmental infarctions without associated lacerations.
- * Expanding subcapsular hematoma compressing the kidney.
- * Grade V:
- * Shattered kidney.
- * Avulsion of renal hilum: devascularization of a kidney due to hilar injury.
- * Ureteropelvic Avulsions.
- * Complete laceration or thrombus of the main renal artery or vein.

264. Sequence of hand washing-

a) Palms

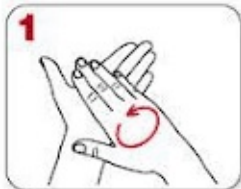
b) Fingers

c) Dorsum of hands

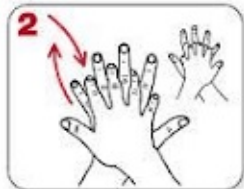
d) Finger nails

Correct Answer - A:B:C:D

Answer- A, C, B, D



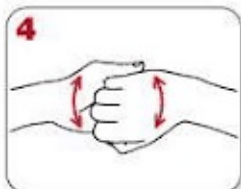
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

265. ABCDE mnemonic is used for which disease?

a) SCC

b) Melanoma

c) Basal Cell carcinoma

d) Verrucous carcinoma

Correct Answer - B

Answer- B. Melanoma

ABCDE rule: Asymmetry (one half of the mole doesn't match the other), Border irregularity, Color that is not uniform, Diameter greater than 6 mm (about the size of a pencil eraser), and Evolving size, shape or color

266. Treatment of torsion testis

a) Explore symptomatic side immediately and asymptomatic side later

b) Explore symptomatic side late and asymptomatic side immediately

c) Explore both sides later

d) Explore both symptomatic and asymptomatic sides immediately

Correct Answer - D

Answer- D. Explore both symptomatic and asymptomatic sides immediately

Testicular torsion is a twisting of the spermatic cord and its contents and suggested torsion, immediate surgical exploration is indicated.

267. The cannula infuse maximum fluids in dehydration and diarrhea is

a) Grey

b) Green

c) Pink

d) Blue

Correct Answer - A

Answer- A. Grey

Grey cannula- 16 G –236 ml/min

Uses:

Trauma Patients, Major Surgery, Intra Partum/Post Partum, GI bleeds, Multiple blood transfers, High volume of Fluids.

268. Which of the following is not removed in radical neck dissection

a) Sternocleidomastoid muscle

b) Digastric muscle

c) Spinal accessory nerve

d) Internal jugular vein

Correct Answer - B

Answer- B. Digastric muscle

* The radical neck dissection consists of removal of all five lymph node groups of one side of the neck (levels I–V).

* This includes removal of the sternocleidomastoid muscle, the internal jugular vein, and the spinal accessory nerve.

269. Most common site of GIST is

a) Ileum

b) Esophagus

c) Colon

d) Stomach

Correct Answer - D

Answer- D. Stomach

* Stomach- 50-70%

* Small intestine-20-30%

* Colon & rectum- 5-15%

* Esophagus- 5%

270. In esophageal varices bleeding, which of the following is not used?

a) Endoscopy banding

b) Octreotide

c) Platelet transfusion

d) TIPS

Correct Answer - C

Answer- C. Platelet transfusion

Beta-blockers

Endoscopic sclerotherapy

Endoscopic variceal ligation (banding)

A medication called octreotide - will lower the pressure in the swollen veins by tightening the blood vessels and reducing blood flow.

Transjugular intrahepatic portosystemic shunt (TIPS) procedure is another potential treatment option for recurrent bleeding esophageal varices

271. Most common site of esophageal carcinoma?

a) Middle 1/3rd of esophagus

b) Upper 2/3rd of esophagus

c) Lower 2/3rd of esophagus

d) Middle 2/3rd of esophagus

Correct Answer - A

Answer- A. Middle 1/3rd of esophagus

* Esophageal Carcinoma Most common site of ca esophagus is middle 1/3 of esophagus.

272. Morris retractor is most commonly used to retract

a) Left hypochondrium

b) Right hypochondrium

c) Hernia surgery

d) None

Correct Answer - A

Answer- A. Left hypochondrium

Left hypochondrium- uses

Used to retract the abdominal wall in a wide manner

Instrument of choice or retraction in left subcostal region because it avoids the risk of splenic injury.

273. A Jawan posted in Siachen was brought to the emergency department with hypothermia. Which is the ideal site to measure his temperature?

a) Oral

b) Rectal

c) Tympanic membrane

d) Armpit

Correct Answer - B

Answer- B. Rectal

* Normal body core temperature ranges from about 98 F to 100 F (36.6 C to 37.7 C); core temperature is best measured by a rectal thermometer.

274. In choriocarcinoma, lung metastasis occurs in which stage?

a) Stage 1

b) Stage 2

c) Stage 3

d) Stage 4

Correct Answer - C

Answer- C. Stage 3

FIGO Classification

* Stage I Disease confined to uterus.

* Stage II Extends outside of the uterus but is limited to the genital structure (adnexa, vagina, broad ligament.)

* Stage III Extends of the lungs , with or without known genital tract involvement.

* Stage IV meatastases to other organs (Brain, liver, Kidney, Ovaries, Bowel).

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