

Quaderack 2.0

SURGERY

& ORTHOPAEDICS QUESTION BANK



**Over 1000 questions
Including 900+ MCQs on
General Surgery and
Orthopedics across all
potential topics**



IMA MSN KERALA



AN IMA MSN KERALA INITIATIVE

EDITORIAL BOARD

- Anshuman Abraham
- Sabu morais
- Rishi K U
- Farha Salim
- Lekshmi
- Arabhi
- Niranjana Sindhu
- Meenakshi Sooraj
- Irene Susan Josey

SPECIAL THANKS

CORE COMMITTEE

- Shahzad S
- Anas Muhammed Ki
- Shaun Saji George
- Ridhan M
- Krishna M
- Mishaal M Mujeeb
- Haneen Ameer
- Sneha S
- Sharanya E
- Alwin Toj
- Amal Ahamed Salam
- Kiran Beju Prameela
- T A Amina Fiza

Contributors

Anugraha:sgmc

Athul:Jubilee

Reni Sebastian:gmc

Trivandrum

-Mount zion:Anisha

-PMC Kannur : Afra

-PMC : Jovita Stalin

-MMC :SreemayI

-KMCCT :Suhail

-DMUIMs: Adwaittha

-GMC Manjeri: Faheem

-MES: Aanisa

-SMCSI : Joann Johncen

-GMC TVM :Anna

-Medicity - Manha

-SUT: bhoumi

-GMC Kollam:Abhay

-Azeezia : Arjun

-Niranjana Sindhu - Sgmc

-SNIMS: Malavika

-TOMC : Aparna

-Mt zion :Eerin Tomy

-PK DAS :Jishnu

-GMC Palakkad- Aravind

-Karuna :Rabab

-GMC Thrissur : Ann Carol

-GMC Ekm :Nithin Das

-MOSC :heba hashim

-Al Azhar : Arjun

-Amritha :Aaron

-Amala:Alan

-Jubilee:Arjun

-Pushpagiri: Joel

-GMC TVM :Reni

-SMCSI :Irene

-SGMC : Isha Cafoor

-Meenakshi sooraj - Sgmc

Index

1.LONG ESSAY

2.SHORT ESSAY

3.SHORT NOTES

4.MULTIPLE CHOICE QUESTIONS

A)SINGLE RESPONSE

B) MULTIPLE RESPONSE

C)ASSERTION AND REASON QUESTIONS

D)CLINICAL SCENARIOS

5.SELECTED TOPICS IN ORTHOPEDICS

A.LONG ESSAYS

1. A 35 yrs old male was brought to emergency following fall from coconut tree. He is conscious, but breathless. His pulse rate 120/mt and BP 90/60mmhg. O/E there is decreased air entry on right side and hyper resonant percussion note with bony crepitus.

- a) what is the clinical diagnosis (1 mark)
- b) Describe the immediate primary survey and resuscitation of this patient according to ATLS (5marks)
- c) Explain the procedures of needle thoracocentesis and tube thoracostomy (4marks)

**DIAGNOSIS:RIGHT SIDED TENSION PNEUMOTHORAX
(Secondary to Trauma)**

2. A 40yrs old female presented with multiple nodules on the thyroid region of neck and recent onset hoarseness of voice. o/e Nodules are hard but mobile, multiple level two cervical nodes are palpable on right side.

- a) what is the most probable clinical diagnosis (1mark)
- b) Outline the clinical evaluation of this patient and explain specific investigations (4 marks)
- c) Describe the surgical management of this patient (5 marks)

**DIAGNOSIS:Carcinoma Thyroid (likely Papillary Carcinoma)
with Cervical Lymphadenopathy**

3. A70 yrs old male patient presented with h/o painless

progressive jaundice, clay-colored stools, significant weight loss for 3 months .c/e gall bladder is palpable and non-tender

- a) What is the most probable diagnosis? (1marks)
- b) Discuss relevant investigations and role of ERCP in management of this patient (4 marks)
- c) Briefly outline the steps of "Whipple's pancreaticoduodenectomy and its major complications? (5 marks)

DIAGNOSIS:PERIAMPULLARY CARCINOMA

4. A 25 yrs old male was brought to casualty with h/o fall from height, presented with inability to pass urine and blood at external urethral meatus. On Per rectal examination - prostate is "high riding".

- a) What is the most likely site of urethral injury (1 marks)
- b) Associated injuries to be ruled out in this case (2marks)
- b) why catheterization is contraindicated in this patient initially?(2 marks)
- c) Discuss relevant radiological investigation and management of urethral injury in this patient?(5marks)

DIAGNOSIS:POSTERIOR URETHRAL INJURY

5. 40 year old present in the history of swelling in the left breast 3 month duration. no nipple discharge O/E- 3x2 cm lump in the upper quadrant of breast . There is no axillary swelling.

- a) What is your diagnosis?

- b) What are the most important investigations?
- c) What are the contraindications of BCS?
- d) Mention the biological classification of carcinoma breast?
- e) Mention bloom Richardson scoring system? (2+1+2+2+3)

DIAGNOSIS: Carcinoma Left Breast

6. 25 year old bike rider hit against a car brought to ED department O/E patient is fully conscious, well oriented PR -125/Min BP 110/70 pallor (++), pulse feeble and low volume. left side of chest and abdomen shows multiple aberration and contusions. Air entry reduced on left side, crepitus present over left chest, on percussion dullness over the traube's space.

- a) What is your diagnosis?
- b) How will you manage this condition?
- c) What is OOPS syndrome?
- d) Mention the boundaries of triangle of safty?
- e) What is the surgical problem expected on the left side of the abdomen in this condition and mention the surgical treatment for it. (1+2+2+2+3)

DIAGNOSIS: SPLENIC RUPTURE

7. Discuss the etiology, risk factors, pathology, clinical features and principles of management of oral cavity carcinoma.

9. Discuss the etiology, clinical features, pathology, investigations, staging and principles of management of

carcinoma breast.

10. 65 year old man presented to the casualty with history of hematuria and colicky abdominal pain on left side. O/E- vitals normal, per abdomen a mass of size 6X 4 cm moving with respiration renal angle dull on percussion. another swelling in the left scrotum with expansile impulse on coughing which disappears on lying down position.

A. What is your diagnosis?

B. What is the reason for scrotal swelling and gives its explanation?

C. What are the investigations needed in this condition?

D. What are the surgical procedures for this condition?

E. Describe the predisposing factors for this condition?

(2+1+2+3+2)

DIAGNOSIS:LEFT SIDED RENAL CELL CARCINOMA (resulting in Left Gonadal Vein obstruction)

11. A 30 year old female presented with a swelling on the right parotid region of 3x3cm size of 6 month duration.

Seventh cranial nerve examination showed no abnormality, no regional nodes palpated

a) What is the differential diagnosis? How do you clinically establish a parotid swelling?

b) What are the investigations to be done?

c) What is the classification of benign parotid tumours and discuss the management.

d) How do you preserve facial nerve during a surgery & how do you manage other complications?

DIAGNOSIS: PLEOMORPHIC ADENOMA OF RIGHT SIDE

12. A 45 year old lady presents with a painless lump of 2cm x 2 cm size to start with in the right breast and has doubled the size in 6 months

a) What other history is needed?

b) What is your differential diagnosis?

c) How do you investigate?

d) Add a note on management of early breast carcinoma.

DIAGNOSIS: CARCINOMA OF RIGHT BREAST

13. A 56-year-old gentleman who sustained close contained flame burns. On examination noted to have burns involving entire both lower limbs and the whole trunk. He is coughing with dark sputum.

A. What is the percentage of the burns? (1 Marks)

B. How will you manage this patient? (5 Marks)

C. How will you calculate fluid requirement?

D. What type of fluid and how will you infuse? (3 Marks)

E. What is the most important prophylactic step you will take in the management of this Gentleman? (1 Marks)

14. A 52-year-old male, working as a civil engineer with a history of chronic sun exposure, presents to the dermatology clinic with a rapidly changing lesion on his upper back. He

notes that a pre-existing "mole" has become darker and itchy over the last six months. Occasionally, the lesion bleeds after contact with clothing. On physical examination, there is an asymmetrical, deeply pigmented plaque. There is a small, firm, non-tender nodule palpable in the left axilla.

A. What is the most likely clinical diagnosis? List the ABCDE criteria used to evaluate such pigmented lesions. (3 Marks)

B. Explain the significance of Breslow's Depth and Clark's Level in determining the prognosis of this patient. (3 Marks)

C. Outline the surgical management for the primary lesion and the significance of a Sentinel Lymph Node Biopsy (SLNB) in this case. (4 Marks)

DIAGNOSIS: MALIGNANT MELANOMA WITH LEFT AXILLARY LYMPH NODE METASTASIS

15. A 65-year-old male presents with recurrent episode of vomiting of 3 months duration. He vomits undigested non bilious vomiting. Clinically patient has epigastric mass and Visible gastric peristalsis.

A. Discuss the differential diagnosis

B. Elaborate on the investigation algorithm

C. Outline the patient preparation and surgical options with a brief mention of their complications

D. Discuss the importance of palliative care in inoperable cases what are the palliative measures Feasible.

**DIAGNOSIS:GASTRIC OUTLET OBSTRUCTION LIKELY
CARCINOMA**

16. 50-year-old male presents to the emergency with three episodes of haematemesis of one day duration. He is a chronic alcoholic and complains of high coloured yellow urine of three weeks. He has a pulse of 100 beats/ min and BP of 90 mm Hg systolic. Abdomen appears a little tensely distended

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

B. Describe the steps in initial management and Evaluation. 2 Marks

C. How is the severity graded in the underlying disease? 1 Marks

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

17. A 35-year-old female patient presents with a swelling in the front and sides of the neck for last 2 years which was initially increasing slowly in size but for last six months patient noticed the swelling was increasing rapidly. She complains of dull aching pain over the swelling and hoarseness of voice for last 4 months. There are no

symptoms suggestive of hypo-or hyperthyroidism. On examination, there is a hard diffuse swelling in the neck extending to both sides of midline. The swelling is mobile and moving with deglutition. Multiple firm mobile swellings are palpable on the right side of neck.

- a. What is your diagnosis? Explain the reasons for making this diagnosis
- b. How will you investigate and manage this patient
- c. Briefly describe the complications of surgery

DIAGNOSIS: CARCINOMA THYROID

18. A 45-year-old female patient, married with two children presents with a lump in the upper and outer quadrant of left breast for last 9 months which was painless to start with but recently she feels pain and discomfort for last 2 months. There is a little elevation but no retraction of the left nipple. On physical examination, the right breast is normal. The lump in the left breast is felt at the upper and outer quadrant, roughly oval in shape, nontender and free from pectoralis major and the overlying skin. Size is 4cm x 3cm and consistency hard . Two Left axillary nodes are enlarged, discrete, nontender, mobile and hard. Systemic examination is normal.

- a. What is your diagnosis? Explain the reasons for making this diagnosis

b. How will you investigate and manage this patient

c. Briefly describe the complications of surgery

DIAGNOSIS: CARCINOMA OF THE THYROID GLAND

19. A 55-year-old female presents to the surgical clinic with a firm, painless, and mobile 3.5-cm swelling in the left parotid region. She reports the mass has been growing slowly over the last three years. On physical examination, her facial nerve function is completely intact, and there are no palpable cervical lymph nodes.

a) What is the most likely diagnosis? Discuss the appropriate preoperative workup, specifically explaining the clinical utility of the "Milan System" in assessing the risk of malignancy. (5 marks)

b) During a superficial parotidectomy, identifying the facial nerve trunk is the most critical step. Describe the three constant anatomical landmarks used for its identification. Define Frey's Syndrome and describe the diagnostic test used to confirm it. (5 marks)

DIAGNOSIS: CARCINOMA LEFT BREAST with ipsilateral axillary lymphadenopathy

20. A 58-year-old male with a history of chronic tobacco use presents with a non-healing, painful, and indurated ulcer on

the right lateral border of the tongue that has been present for 10 weeks. Clinical examination and MRI showing tumour size 1.5 cm with depth of invasion 6mm with no evidence of mandibular involvement and no palpable or enlarged cervical lymph nodes (cN0) and distant Metastasis

a) Based on the 8th edition of the AJCC staging system, explain the significance of Depth of Invasion (DOI) and Extranodal Extension (ENE) in determining the TNM staging for this patient. (4marks)

b) Discuss the surgical management of the primary lesion and the "clinically N0 neck." Describe Sentinel Lymph Node Biopsy (SLNB). (6 marks)

21. A 32-year-old woman presented to OPD with a painless swelling in front of her neck for the past 8 months. It is progressively increasing in size. There is no difficulty in breathing, no weight gain or weight loss. On examination the swelling is on the right side of the midline moving with deglutition and hard in consistency with irregular borders. Another swelling which is just lateral to it (1*1 cm in size) but not moving with deglutition is also present. (10 marks)

a) What is the most probable clinical diagnosis, Write points in favour of it. 1+1 = 2 marks

b) How will you investigate this patient. 3 marks

- c) What is the treatment of this patient. 2 marks
- d) What are the most important complications of the surgical management of this patient 1 marks
- e) How will you follow up this patient 2 marks

DIAGNOSIS: CARCINOMA THYROID

22. A 50-year-old male is brought to casualty with alleged history of accidental burns. On examination PR-100/minute BP – 100/60mmHg, RR- 30/minute. His weight was 60 kg and he had mixed thickness burns involving the head, neck, anterior aspect of chest and abdomen. Both upper limbs are involved circumferentially but lower limbs and external genitalia is spared. (10 marks)

- a) Describe Wallace rule of nine, calculate the percentage of burns in this patient 1+1 = 2 marks
- b) Classification of burns based on depth of involvement 2 marks
- c) What is the Parkland formula? Calculate the initial fluid requirement in this patient 2+1 = 3 marks
- d) Briefly describe the steps in management of this patient. 3 marks

23. An 18-year-old male presents to the emergency department with pain abdomen for 24 hours. The pain initially started around the umbilicus and later shifted to the

right iliac fossa. He also complains of nausea, vomiting, and low-grade fever. On examination, there is tenderness and guarding in the right iliac fossa.

- a) Discuss the differential diagnosis of right iliac fossa pain in this patient.
- b) Describe the clinical features and scoring systems used in the diagnosis of acute appendicitis.
- c) Outline the investigation algorithm, including the role of laboratory tests and imaging modalities
- d) Discuss the principles of management, including preoperative preparation, surgical options and possible postoperative complications.

DIAGNOSIS:ACUTE APPENDICITIS

24.A 70-year-old male presents with abdominal distension, pain, and constipation for 3 days. Imaging suggests sigmoid volvulus, and the patient is scheduled for emergency laparotomy.

- a) Discuss the preoperative anesthetic assessment and resuscitation, including correction of fluid and electrolyte imbalance.
- b) Describe the intraoperative anesthetic management, including airway management, monitoring, and fluid therapy.
- c) Outline the postoperative care, including pain management and monitoring for potential complications.

25. A 35 year old lady has presented with diffuse enlargement of thyroid ,loss of weight with good appetite .She has prominent eye ball with staring look and fine tremor of hands of 5 months duration.On examination pulse rate is 102/minute .Extremities are warm and moist

- a) what is the diagnosis? 2+2+3+3
- b) How will you investigate this patient?
- c) How will you manage her?
- d) what are the complications associated with this condition and also the complications of surgery.

DIAGNOSIS:PRIMARY HYPERTHYROIDISM (GRAVE'S DISEASE)

26. A 48 year old man has presented with elongatedtortuous veins over left leg and thigh over the great saphenous territory.

- a) Describe the pathophysiology of this condition. 2+2+3+3
- b) What are the diagnostic evaluations and investigations ?
- c) What are the non surgical management options?
- d) What are the surgical treatment options?

27. Discuss the Clinical features, Classification, Investigations and Treatment options in a patient with varicose veins of lower limb with chronic venous insufficiency.(1+2+3+4=10)

28.A 65-year-old man presented to the out-patient department with complaints of pain right iliac fossa for the past 1 month and altered bowel habits for the past 3 months. On examination, he was pale and per abdomen there was a 4x3 cm hard lump in the right iliac fossa.

- a) What is the probable diagnosis?
- b) Discuss the differential diagnosis for a mass in the right iliac fossa
- c) How will you investigate this patient?
- d) Describe the treatment plan for this patient and the surgical options available.

DIAGNOSIS:CARCINOMA COLON

29.A 45-year-old female presents with swelling in the neck since 6 years with difficulty in swallowing, hoarseness of voice since 6months, loss of weight and tremors in hands.

- A. What is the probable diagnosis, and how will you confirm it? (2 marks)
- B. Discuss the pathophysiology of this condition. (2 marks)
- C. Describe the classification of thyroid swellings. (2 marks)
- D. Discuss management options. (4 marks)

DIAGNOSIS:MALIGNANT TRANSFORMATION OF GOITRE

30. A 60-year-old male presents with black discoloration of right great toe since 3 months. He gives h/o smoking for 30 years, pain on walking for 100ft.

- A. What is the probable diagnosis? (1 mark)
- B. How will you investigate this condition? (3 marks)
- C. Discuss the Boyd classification and ABPI. (2 marks)
- D. Discuss the treatment options. (4 marks)

DIAGNOSIS: DRY GANGRENE BIG TOE SECONDARY TO POVD

31. A 58-year-old obese woman presents to the surgery OPD with complaints of chronic leg swelling, skin discoloration, and a non-healing ulcer near the medial malleolus of her right leg for the past 3 months. On examination, she has prominent, tortuous varicosities along the distribution of the great saphenous vein, hyperpigmentation and induration of the skin in the gaiter area, and a shallow ulcer with irregular margins and granulating base.

- a) What is the probable diagnosis
- b) How do you investigate this case
- c) Briefly discuss the management

DIAGNOSIS: VARICOSE VEINS WITH CHRONIC VENOUS INSUFFICIENCY [CEAP C6]

32. A 62-year-old male presents with progressive dysphagia for solids and significant weight loss. Endoscopy reveals an

ulceroproliferative growth at the lower third of the esophagus.

- a) Discuss the T-staging (TNM) of Esophageal Cancer.
- b) Outline the pre-operative workup to assess resectability and fitness.
- c) Describe the principles and steps of an Ivor-Lewis Esophagectomy.
- d) Differentiate between Trans-hiatal and Transthoracic approaches regarding complications. (2+3+3+2)

33. A 45-year-old chronic alcoholic presents with a 6-week history of persistent epigastric pain and early satiety. On examination, a smooth, vague, epigastric mass is palpable. CECT Abdomen reveals a 8 cm x 6 cm thick-walled fluid collection in the lesser sac, compressing the posterior wall of the stomach. (2+3+3+2 = 10)

- a) What is the most likely diagnosis and how does it differ from a true cyst?
- b) Enumerate the classification & complications of this condition if left untreated.
- c) Discuss the criteria for intervention and the surgical/endoscopic management options available.
- d) What is the significance of the "Step-up Approach" in the management of necrotizing pancreatitis?

DIAGNOSIS: PANCREATIC PSEUDOCYST

34. 60 year old male patient with history of alcohol intake and smoking presented to the OPD with history of recurrent

abdominal pain with three weeks of duration. O/E- vitals normal, abdomen soft non tender, an epigastric mass of size 6X4 cm not moving with respiration dull on percussion margins ill defined.

- A. What is the most probable diagnosis ?
- B. What are the relevant investigations for this condition?
- C. Describe the medical management for this condition?
- D. Describe surgical treatment for this condition?
- E. Explain complications of this condition? (2+2+1+3+2)

DIAGNOSIS: PANCREATIC PSEUDOCYST

35. A 54 year old man with recurrent episodes of left iliac fossa pain and occasional passage of blood and mucous per rectum presents with acute onset abdominal pain. On examination he has diffuse guarding and rigidity of abdomen. Pulse 110/min and BP of 90/60 mmHg.

- a. What is your diagnosis ?
- b. How do you investigate this patient?
- c. Describe the management plan of this patient.

DIAGNOSIS: Peritonitis secondary to Perforated Sigmoid Diverticulitis

36. A 40 year old female with recurrent pain right hypochondrium and epigastrium presents with Jaundice. On examination she is febrile and having upper abdominal pain and tenderness.

- a. What is your diagnosis
- b. How do you investigate
- c. Describe the plan of management

DIAGNOSIS:ACUTE CHOLANGITIS (LIKELY DUE TO CHOLEDOCHOLITHIASIS)

37.A 50 year old bus conductor presented with swelling of the left leg associated with dull aching crampy pain towards the evening for the past 1 year. The pain and swelling gets alleviated when he gets up on the morning. On examination he has dilated and tortuous veins extending only from medial malleolus to aspect of thigh with hyperpigmentation, thickening and non-pinchability of skin towards the lower end.

- a) What is your probable diagnosis (1)
- b) Mention the 2 most important clinical tests and their significance in this particular scenario (2)
- c) Describe in detail the classification system of this particular clinical condition (2)
- d) Mention the most important investigative tool and the probable findings you look for (1)
- e) Describe in detail the treatment options (4)

DIAGNOSIS:VARICOSE VEINS WITH CHRONIC VENOUS INSUFFICIENCY [CEAP C4]

38.A 50 year old lady with a history of swelling in front of the neck of 10 years duration, presented with palpitations,

exertional dyspnea and progressive weight loss for the past 3 months. On examination her limbs are moist with a pulse rate of 110 per minute. The swelling measures 5x7cm with multiple nodules on either side of which the largest one measures 2x2 cm, firm in consistency. No palpable cervical lymph nodes are felt.

- a) What is your diagnosis? (1)
- b) Substantiate your diagnosis (1)
- c) Mention the specific investigations to confirm the diagnosis (2)
- d) Mention the 4 characteristic features of a suspicious nodule (2)
- e) Describe in detail the treatment (2)
- f) Mention the complications associated with the treatment (2)

DIAGNOSIS:TOXIC MULTINODULAR GOITRE

39.A 65-year-old male presents with painless jaundice which is progressive and there are scratch marks over body on examination

- a) Discuss the differential diagnosis
- b) Elaborate on the investigation algorithm including the role of imaging (ERCP, MRCP)

DIAGNOSIS:OBSTRUCTIVE JAUNDICE

40. A 35-year-old woman presents with a swelling in the front of her neck for the past 1 year, which has gradually increased in size. She also complains of recent weight loss, palpitations, and heat intolerance. On examination, there is a diffuse enlargement of the thyroid gland.

- a) What further history would you like to take
 - b) What is the probable diagnosis
 - c) How do you investigate
 - d) Add a note on management of hyperthyroidism
- (2 + 2 + 3 + 3)

DIAGNOSIS: PRIMARY HYPERTHYROIDISM

41. A 28-year-old male is brought to the emergency department following a road traffic accident. He is drowsy and has multiple injuries. His pulse is 120/min, BP is 80/60 mmHg, and respiratory rate is 30/min.

- a) What is your initial assessment approach
 - b) What is the probable condition
 - c) What investigations will you perform
 - d) Add a note on management of shock in trauma
- (2 + 2 + 3 + 3)

42. A 50-year-old man with a 2-year history of Bilateral Inguinal Hernia presented with sudden onset of abdominal pain, vomiting and distension. Abdominal examination shows

rigidity. (2+3+5 marks)

- a) what is the probable diagnosis?
- b) What are the relevant investigations
- c) Describe management options?

DIAGNOSIS:STRANGULATED INGUINAL HERNIA

43.A 45 year old man presented with mucus diarrhea and occasional blood staining of stools for last 3 months. His brother was operated for obstructing lesion in colon 20 year back.

- a) What is the probable diagnosis? (2 marks)
- b) Diagnostic investigations for the patient? (2 marks)
- c) Management options? (4 marks)
- d) Defunctioning Ostomy? (2 marks)

DIAGNOSIS:COLORECTAL CARCINOMA

44.Discuss the lymphatic drainage of breast, write briefly on predisposing factors & Aetiology and pathology of breast cancer . Discuss the management of early breast cancer. (2+ 3+ 5)

45.Define Shock. Discuss briefly on classification and pathophysiology of Shock. How will you manage hypovolemic shock?

46. A 30yr old lady with swelling in the front of neck for 1yr which gradually increased in size and change in voice .On clinical examination it is firm swelling which moves up with deglutition .A cervical lymph node was palpable in the neck .

A) What is the most probable diagnosis? 1 marks

B) What are the investigations to confirm your diagnosis? 2 marks

C) How will you manage this patient? 4 marks

D) How will you follow up this patient? 3marks

DIAGNOSIS: CARCINOMA THYROID(likely PAPILLARY)

47. Describe pathophysiology, classification ,clinical features and the principles of management of a patient in shock?
(3+2+2+3=10 marks)

48. A 52 yr old female brought to emergency room with complaints of abdominal pain , distension ,vomiting and decreased urine output since 3 days . Patient also complaints of not passing flatus and feces for last 5 days On examination HR : 112/min B P 80/ 60 mm hg Abdominal distension present. (10marks)

A) What is the most Probable diagnosis? 1 marks

B) What are investigations you do to confirm the diagnosis?

2 marks

C) Enumerate most common aetiologies for this conditions?

4 marks

D) How will you manage this patient if you identify a proliferative lesion in digital rectal examination? 3 marks

DIAGNOSIS: ACUTE INTESTINAL OBSTRUCTION

49. Describe the aetiology, pathology, clinical features, and management of a 30 yr old lady with abdominal tuberculosis? (2+2+2+4 =10 marks)

50. A 30-year-old lady presents with painless swelling 3x3cm size in front of neck which moves with deglutition. There is also difficulty in swallowing (2+2+3+3)

A. What other history is needed?

B. What is your differential diagnosis?

C. How will you investigate?

D. How will you treat thyroid storm?

51. 50-year man presented with pain in right calf while walking for last 3 months. There is also change in color fifth toe of right foot (2+2+3+3)

A. Further history to elicit?

B. Probable diagnosis?

C. Specific investigation and purpose?

D. Write a note on ABPI

DIAGNOSIS: PERIPHERAL OCCLUSIVE ARTERIAL DISEASE

52. 38 year old male, chronic alcoholic presented to EMD with history of upper abdominal pain since 1 day, associated with vomiting, multiple episodes. Patient dehydrated, BP 90/60mmHg, pulse rate 112bpm, on auscultation decreased air entry on left lower lobe.

What is the most likely diagnosis?

What are the clinical features and scoring system?

Describe the management in detail?

Describe the complications of this condition (1+4+3+2)

DIAGNOSIS: ACUTE PANCREATITIS

53. A 45 years old female presented with lump in the left breast since 6 months of size 4x3 cms in the upper outer quadrant, on examination lump is hard in consistency with nipple retraction, a single mobile axillary lymphadenopathy on the same side

a) What is the probable diagnosis?

b) How do you investigate this case?

c) Briefly discuss the management

Define shock, discuss the clinical features, classification,

presentation and management of various types of shock.

DIAGNOSIS:CARCINOMA BREAST

54. A 60 year old man presented to the out patient department with history of epigastric pain for 2 months and vomiting half an hour to 1hr after food intake for the past 4 weeks. He also has melena, loss of appetite and loss of weight. O/E: Pallor Present, No Icterus, No Supraclavicular Lymphadenopathy. Abdominal examination shows mild diffuse abdominal distension , but soft on palpation and an ill-defined lump palpable in the epigastrium. Liver is palpable.

- a) What is the most probable diagnosis (1 mark)
- b) What are the investigations would to order to confirm your diagnosis? (3 marks)
- c) Discuss the management of this patient (4 marks)
- d) What are the palliative surgical procedures in an inoperable or advanced stage? (2 marks)

DIAGNOSIS:CARCINOMA STOMACH

55.A 20 year old male patient presented with acute colicky central abdominal pain and bilious vomiting. He gives history of passage of blood stained stool mixed with mucus after the onset of colicky abdominal pain. On examination, minimal upper abdominal distension and a palpable mass in umbilical region. He is dehydrated and there is tachycardia.

- a. Probable clinical diagnosis and cause. (1 mark)

b. Mention 4 differential diagnosis of acute abdominal pain. (2 marks)

c. Outline the investigation to conform the present clinical condition. (3 marks)

d. Outline the management options. (4 marks)

DIAGNOSIS:ACUTE INTESTINAL OBSTRUCTION SECONDARY TO INTUSSUSCEPTION

56.A 48 year old female was referred with a right upper outer quadrant breast lump measuring 6x4 cm and two mobile right axillary lymphnodes. (2+3+3+2=10 Mark)

Describe TNM staging in breast carcinoma and categorize this patient accordingly

Discuss the clinical workup in this patient

Outline the surgical management options in this patient

List the indications and contraindications for radiotherapy in breast carcinoma.

57.A 67 year old man presented in the OPD with a 6 month h/o progressive left calf pain. He is a chronic smoker. On examination, his left foot is pale and cool to touch.

(2+3+3+2=10 Mark)

Define critical limb ischemia

Outline the diagnostic investigations for this patient and interpret the significance of ABI.

Describe the surgical management of this patient

In a patient with forefoot gangrene, a well perfused heel pad and intact posterior tibial pulses, which amputation is most appropriate? Describe the technique.

58. An 80 year old man presents with bleeding per rectum. Abdominal examination reveals a painless left lumbar mass.

- a. Discuss the differential diagnosis (2)
- b. Discuss the relevant investigation (4)
- c. Outline the treatment modality (4)

DIAGNOSIS: CARCINOMA OF SIGMOID OR DESCENDING COLON (Renal Cell Carcinoma can be a DD)

59. A 45 year old manual labourer presents with epigastric pain radiating to back, associated with vomiting. He gives a history of alcohol intake on the previous day.

- a. What is your most probable diagnosis? (1)
- b. Explain the scoring systems to assess the severity of the condition (2)
- c. Discuss the complications? (2)
- d. How will you treat the patient (5)

DIAGNOSIS: ACUTE PANCREATITIS

60. A 65-year-old male presents with painless jaundice which is progressive and there are scratch marks over body on examination

- a) Discuss the differential diagnosis
- b) Elaborate on the investigation algorithm including the role

of imaging (ERCP, MRCP)

c) Outline the patient preparation and surgical options with a brief mention of their complications

d) Discuss the importance of palliative care in inoperable cases what are the palliative measures feasible (1+2+4+3)

DIAGNOSIS:OBSTRUCTIVE JAUNDICE

61.65 years old male patient presents with massive abdominal distension, absolute constipation and pain abdomen of one-day duration. On examination there is tachycardia, massive abdominal distension and tenderness, no guarding or rigidity plain X ray of erect abdomen showed coffee bean sign.

a) What is your diagnosis

b) What are the etiological factors

c) How do you investigate and treat this patient (2+3+5)

DIAGNOSIS:ACUTE INTESTINAL OBSTRUCTION due to SIGMOID VOLVULUS

62.A 45 years old female presented with lump in the left breast since 6 months of size 4x3 cms in the upper outer quadrant, on examination lump is hard in consistency with nipple retraction, a single mobile axillary lymphadenopathy on the same side

a) What is the probable diagnosis

b) How do you investigate this case

c) Briefly discuss the management

DIAGNOSIS: CARCINOMA LEFT BREAST

B. SHORT ESSAYS

1. Hypertrophic pyloric stenosis
2. Locally advanced breast carcinoma
3. Recent advances of management of varicose veins
4. Thyroglossal cyst
5. Malignant melanoma
6. Parenteral Nutrition
7. GIST
8. Preoperative assessment.
9. Carcinoma Rectum- Clinical presentation, Relevant investigations and surgical management.
10. Define and classify shock. Write briefly on management of Hemorrhagic shock.
11. Thyrotoxicosis
12. Primary survey in trauma
13. Cutaneous malignant melanoma
14. Venous Thromboembolism
15. Primary Hyperparathyroidism
16. Primary Hyperparathyroidism
17. DVT
18. Arteriovenous malformation
19. Septic Shock
20. Mammogram
21. TAO
22. Branchial cyst

23. Draw and mention the Anatomical compartments of hands and describe the treatment of hand infection
24. Tokyo consensus guidelines for severity grade of acute cholecystitis and mention the complications of GB calculi
25. Extradural hemorrhage
26. Parathyroid adenoma
27. Enumerate indications and complications of blood transfusion
28. Classify Parotid tumours and write briefly
29. Thoracic Outlet syndrome
30. Tuberculous lymphadenitis
31. MEN syndromes
32. Inflammatory breast carcinoma
33. Septic shock
34. Discuss aetiology and the principles of management of Intestinal obstruction.
35. Explain the classification and management of vesicoureteral reflux (VUR) in children.
36. Describe the investigation and management of Achalsia cardia
37. Carcinoma tongue
38. Extradural Haemorrhage
39. Branchial cyst

40. Pathophysiology of septic shock

41. Enumerate indications and complications of parenteral nutrition

42. Classify Testicular tumours? Add a note on seminoma testis

43. Discuss the concept of Damage Control Surgery (DCS) versus Early Total Care (ETC) in a polytrauma patient. Enumerate the indications and the specific phases of DCS

44. Antibiotic Prophylaxis in Surgery

45. Describe the principle of electrosurgery and compare-cutting and coagulation in Diathermy

46. Describe Carotid Body Tumour and Shamblin Classification

47. Different Type of Burns based on depth and Protocol for assessing the depth

48. WHO surgical safety Check List

49. SIRS

50. Pleomorphic adenoma

51. Localization in primary hyperparathyroidism

52. Tracheostomy

53. Cystic hygroma

54. Acute Pancreatitis management

55. Clinical diagnosis and management of Renal cell

carcinoma

56. Classification of suture materials

57. Primary survey of a trauma victim

58. Tuberculous lymphadenitis

59. Locally advanced carcinoma breast

60. Parkland formula

61. Universal precautions

62. Discuss the differential diagnosis and principles of management of a young male with Acute scrotum

63. Discuss the classification and management of Renal cell carcinoma

64. Discuss the techniques employed in managing the airway during general anaesthesia and briefly mention how to predict a difficult airway preoperatively

65.GIST

66.Preoperative assessment.

67.Carcinoma Rectum- Clinical presentation, 68.Relevant investigation and surgical management.

69.Hypertrophic pyloric stenosis

70.Locaily advanced breast carcinoma

71.Recent advances of management of varicose veins

72.Thyroglossal cyst

73.Malignant melanoma

74.Parenteral Nutrition

75. GIST

76. Ileocaecal Tuberculosis

77. Management of primary hyperparathyroidism

78. Malignant melanoma

79. Regional Anaesthesia

80. Sequelae of urinary tuberculosis

81. Anorectal malformation

82. Management of LABC

83. Wound healing – phases and factors affecting it

84. Enumerate indications and complications of tracheostomy

85. Classify salivary gland tumors

86. Aneurysm – types and clinical features

87. Epidural hemorrhage

88. Multiple endocrine neoplasia

89.Post operative pain management and fluid management.

90.Classification of wound and management of common types of wounds.

91.Management of penetrating chest injury and care of underwater seal drain ?

92.Mediators and Metabolic response to injury

Stem cells

93. Informed consent

94. Parenteral Nutrition

95. pre malignant conditions of skin

96. Medullary carcinoma thyroid

97. THROMBO ANGITIS OBLITERANS (TAO)

98. Flial Chest

99. Dermoid cyst

100. ATLS

101. Management of 50kg male with 60 % burns of varying degree

102. Management of post menopausal lady with locally advanced breast carcinoma

103. Management of 55 yrs old lady with obstructive jaundice

104. Hydronephrosis

105. Hirschsprungs disease

106. Shock – Definition, classification, Clinical features, Management

107. Stages of wound healing, local factors affecting wound healing, systemic factors affecting wound healing

108. Damage Control Surgery

109. Subdural Hemorrhage

110. Aberration in normal development Involution (ANDI)

111. Papillary Carcinoma Thyroid

112. Skin graft and composite graft

113. Sub arachnoid hemorrhage

114. Gastric outlet obstruction

115. Obstructive jaundice

116. Wound healing.

117. Burns.

118. Principles, indications, and complication of blood transfusion.

119. Malignant melanoma.

120. Buerger's disease.

121. Systemic inflammatory response syndrome

122. Infantile hypertrophic pyloric stenosis

123. Ulcerative Colitis

124. Endoscopic Ultra Sound, its uses, merits and limitations.

125. Basal cell carcinoma

126. Tension pneumothorax

127. Primary hyperparathyroidism

128. Compartment Syndrome

129. EDH

130. Metabolic response to injury

131. Meckel's diverticulum - embryology & management

132.Sigmoid volvulus - clinical features & management

133.Acute cholecystitis - clinical features & management

134.Ameloblastoma

135.Regional anaesthesia

136.ERCP

137.Tetanus

138.Define gangrene, describe clinical types, causes, clinical features and management of atherosclerotic gangrene of lower limb

139.Systemic inflammatory response syndrome

140.Sub dural Haemorrhage

141.Thyroglossal Cyst

142.Malignant Melanoma

143.Discuss the metabolic response to injury.

144.Write causes of discrete breast lumps & 145.Discuss Phyllodes tumour.

146.Classify Salivary gland neoplasms and add a note on Warthin's tumour (3+3)

147.Classify stages of hypovolemic Shock and 148.Discuss Management

149.Outline the grades and management of each grade of burns.

150.Explain Pathophysiology of SDH and Management.

151. Gastrointestinal Stromal Tumors (GIST): Pathogenesis & management.
152. Testicular Torsion: Clinical features, differentiation from Epididymo-orchitis, the "Golden Period," and surgical steps for Orchidopexy.
153. Strasberg Classification of Bile Duct Injuries: Describe the classification and the management of a Type E injury recognized intraoperatively.
154. Surgical audit
155. Daycare surgery and its key components.
156. Enteral Nutrition & its complications.
- Blood components.
157. E - FAST
158. Define SSI and steps to prevent SSI.

C.SHORT NOTES

1. Skin grafting
2. WHO safety checklist
3. List four difference between arterial ulcer and venous ulcer
4. Define GCS (Glasgow Coma Scale) and its significance
5. Describe the concept of conflict of interest in surgical procedures
6. Damage control surgery
7. Early gastric Carcinoma – definition, Japanese classification and principles of management
8. Abdominal compartment syndrome.
9. Legal and ethical aspects of brain death certification for organ donation.
10. Extra dural hematoma
11. Endovenous treatment for varicose veins
12. Abdominal Aortic aneurysm
13. Tuberculous lymphadenitis
14. Femoral hernia
15. Branchial Cyst
16. RFA (Radiofrequency ablation)
17. Hypocalcemia
18. Classification of neck injury
19. GIST
20. Abdominal aortic aneurysm

21. Pleomorphic adenoma
22. Eventration of diaphragm
23. Regional block
24. Adamantinoma
25. Thyroglossal Cyst
26. GERD
27. Complications of varicose veins of lower limbs
28. Flail Chest
29. Fluid management in Burns patient
30. Branchial cyst
31. Raynaud's disease
32. Triple assessment
33. Basal cell carcinoma
34. Wound healing
35. SBAR
36. Necrotizing Fasciitis
37. DVT
38. Hypocalcaemia
39. EDH
40. Epidural anesthesia
41. How will you convince the need for permanent colostomy in a patient undergoing chemo and radiotherapy

in cancer rectum patient

42. Outline the steps of the WHO Surgical Safety Checklist.
43. Pre operative Anaesthetic assessment of a COPD patient
44. Bedsore
45. Electrical burns
46. Amoebic liver abscess
47. Cervical rib
48. Tube Thoracostomy
49. Types of wound healing
50. FAST
51. Frey's syndrome
52. ASA scoring system
53. Deadly dozen threats to life in chest injury
54. Complications of TPN
55. Necrotizing Fasciitis: Clinical features and management principles
56. Discuss the clinical assessment and management of a patient with a discrete thyroid Nodule
57. Clavien-Dindo Classification of Postoperative Complications
58. ECOG performance status

59.minimally Invasive Parathyroidectomy and Miami criteria

60.Define Systemic Inflammatory Response Syndrome (SIRS) and Sepsis.

61.List treatment options for Achalasia cardia

62.Describe the importance of effective communication in breaking bad news to patients and their relatives. Outline the steps involved.

63.Classify Types of Hydrocoele with diagrammatic representation

64. Paronychia

65. Lipoma

66. Hypospadias

67. Branchial cyst

68. Basal cell carcinoma

69. Sub mandibular gland swelling-evaluation and management.

70. Write a note on advantages & disadvantages of Computed Tomography scan (CT scan)

71. Management of Acute Limb Ischemia

72. Video Assisted Thoracoscopic Surgery (VATS)

73.Legal and ethical aspects of brain death certification for

organ donation.

74. Early gastric Carcinoma – definition, Japanese classification and principles of management

75. Abdominal compartment syndrome.

76. Skin grafting

77. WHO safety checklist

78. List four differences between arterial ulcer and venous ulcer

79. Define GCS (Glasgow Coma Scale) and its significance

80. Describe the concept of conflict of interest in surgical procedures.

81. Damage control surgery

82. Choledochal cysts

83. Attachments of spleen

84. Anal fistula

85. Acute limb ischemia

86. Radionuclide imaging

87. DCR

88. Warthin's tumor

89. Le Fort fractures

90. Types of debridement

91. Cellulitis
92. Abdominal tuberculosis
93. Glasgow Coma Scale
94. Pre operative check list
95. Carotid body tumor
96. Rule of Nines (burn assessment)
97. Evaluation and management of melanomas
98. Lesions affecting sub mandibular salivary gland and management options?
99. Screening for Breast cancer and management of locally advanced breast cancer.
100. Pheochromocytoma
101. Flail Chest
102. ERAS
103. Branchial cyst
104. DVT
105. Frey's Syndrome
106. Ambulatory Venous hypertension
107. Types of Wound debridement
108. Carbuncle
109. Malignant melanoma
110. Felon

111. Complications of spinal anaesthesia and its management

112. Mesenteric Cyst

113. Pseudo cyst of pancreas

114. Massive Haemothorax

115. Meleney's Ulcer

116. Park's classification

117. Surgical site Infection

118. Bed Sore – Prevention and management

119. Minimal access surgery advantages and disadvantages

120. Thyroglossal duct cysts

121. Mallory Weiss syndrome

122. Liver Abscess

123. Early and late dumping

124. Describe cause, clinical features and management of hyponatremia

125. Pleomorphic adenoma.

126. Flail chest.

127. Extradural hematoma

128. Complications of inguinal hernia

129. Deep vein thrombosis.

130. Meckel's diverticulum

131.Undescended tests

132.Consent for colostomy

133.Universal precaution

134.Limberg flap

135.Stages of wound healing

136.Hypospadias

137.Le Fort fractures

138.TB Lymphadenitis

139.Barret's esophagus

140.Mesenteric cyst

141.Hydatid disease - management

142.Tinel sign

143.Codmans triangle

144.Pulled Elbow

145.McMurreys test

146.Bohlers angle

147.SACH foot

148.Discuss how you will obtain consent for a permanent colostomy from a patient.

149.Describe in detail with examples - Conflicts in

professional relationship

150. Fluid resuscitation in burns patient

151. Describe types of wound healing

152. Multiple endocrine neoplasm syndrome

153. Advantages and limitations of minimal access surgery

154. Trophic ulcer

155. Tension Pneumothorax

156. Draw a diagram depicting the 8 functional segments of the liver and explain the significance of the Portal Triad in this classification.

157. Short Bowel Syndrome: Definition and the "Tripod of Management".

158. Draw a diagram of the [posterior inguinal wall anatomy relevant to TEP/TAPP repair](#). Label the nerves and vessels at risk in each triangle. Explain the significance.

D.MCQs

1.SINGLE RESPONSE QUESTIONS

1. The primary compensatory mechanism in early hypovolemic shock is

- a) Bradycardia
- b) Tachycardia**
- c) decreased peripheral resistance
- d) Reduced respiratory rate

2. Why is RL preferred over NS in burns patient

- a) It contains glucose
- b) It has higher sodium concentration
- c) It resembles extracellular fluid composition**
- d) It is hypotonic

3. During Autoclaving, sterilization of the instrument is achieved by

- a) Dry heat
- b) Radiation
- c) Moist heat under pressure**
- d) Chemical sterilization

4. Characterestic features of basal cell carcinoma is

- a) Epithelial pearls
- b) Mitotic figures
- c) Orphan Annie nucleus
- d) Palisading islands**

5. Space of parona refer to

- a) Space deep to the palmar aponeurosis
- b) space deep to the Flexor digitorum superficialis
- c) **Space deep to the flexor digitorum profundus**
- d) Space deep to the Flexor carpi ulnaris

6. Factors of adenocarcinoma esophagus are following except

- a) Barretts esophagus
- b) Obesity
- c) Reflux esophagitis
- d) **Esophageal web**

7. Duodenal ulcer commonly occur in which part of the duodenum

- a) **First part**
- b) Second part
- c) Third part
- d) Fourth part

8. Portal vein is formed at

- a) Posterior to head of pancreas
- b) Posterior to body of pancreas
- c) anterior to neck of pancreas
- d) **posterior to neck of pancreas**

9. Which of the following is true in plain Xray abdomen in intestinal obstruction

- a) **caecum can appear as round shadow**

b) ileum has valvulae conniventes

c) jejunum is characterless

d) sigmoid appear shapeless

10. What type of stone is staghorn calculi

a)calcium

b) phosphate

c) uric acid

d) cystine

[Note:Technically it is struvite(magnesium ammonium phosphate)]

11. Pseudoflucuation is elicited in :

a)Ganglion

b)Sebaceous cyst

c) Lipoma

d) Cystic hygroma

12. Lateral aberrant thyroid refers to

a) Ectopic thyroid tissue

b) Metastatic papillary thyroid carcinoma

c) An example of solitary nodule

d) Delphian node

13. Malignant Melanoma having best prognosis is :

a) Lentigo Maligna melanoma

b) Nodular melanoma

c) Superficial spreading melanoma

d) A melanotic melanoma

14. A trauma patient has a Glasgow Coma Scale (GCS) score of 6 on arrival. What is the most appropriate immediate step

- a) Start IV fluids
- b) Arrange for an urgent CT brain
- c) Insert a nasogastric tube
- d) Secure the airway with endotracheal intubation**

15. A 56 year old patient suffering from alcoholic cirrhosis receives a healthy liver from his biological son. What is this type of transplant known as

- a) Autograft
- b) Allograft**
- c) Xenograft
- d) Isograft

16. About claudication which of the following statements is true?

- a) Intermittent claudication is thought to be due to nerve compression in the leg muscle
- b) Intermittent claudication is commonly relieved by getting out of bed.
- c) Intermittent claudication is most commonly felt in the calf.**
- d) Intermittent claudication distance is usually inconsistent on a day-to-day basis for a given patient.

17. Gangrene; which of the following is not a cause?

a) Deep vein thrombosis insufficiency

b) Infection

c) Intra-arterial drug injection

d) Frostbite

18. About crush syndrome there will be

a) Alkaline urine

b) Small % of patient develops acute renal failure

c) Small % of the developed renal failure will need dialysis

d) Hypovolemic shock

19. Which of the following is not a risk factor for lymphoedema?

a) Limb surgery (e.g. varicose vein operation)

b) Air travel.

c) Family history

d) Baker's cyst

20. Which one among the following statements about cystic hygroma is untrue?

a) Affects infants and young children.

b) Occurs chiefly in the neck, axilla and groin.

c) May rupture subcutaneously with spontaneous cure

d) Is localized to the subcutaneous tissues.

21. Langenbeck's repair:

- a) Is a method of grafting in burns
- b) Is a method of repair after surgical excision of scc
- c) Is a method of repair of cleft lip
- d) Is a method of repair of cleft palate

22. Correct statements about dentigerous cyst include the following except that it:

- a) Occurs in children and adolescents in relation to a missing tooth.
- b) Is more common in the upper than in the lower jaw.
- c) Presents as a globular swelling expanding the jaw.
- d) Is lined with squamous epithelium.

23. What is Frey's syndrome following parotidectomy?

- a) Gustatory sweating
- b) Dry mouth due to reduction in salivary flow
- c) Development of a sialocele over the parotid bed
- d) Cosmetic deformity due to loss of parotid bulk

24. A 40-year-old woman is suspected of having a carotid body tumor. Which one of the following is most characteristic of such a tumor?

- a) They secrete catecholamines.
- b) They are more common at sea level.
- c) They arise from structures that respond to changes in

blood volume.

d) They arise from the structures that respond to changes in PO_2 .

25. A 5-year-old girl presents with difficulty breathing. on examination, of the oral cavity a 3-cm mass is found in the midline on the posterior aspect of the tongue. the most likely diagnosis is:

- a) Lingual tonsil
- b) Lingual thyroid
- c) Dermoid
- d) Angioneurotic edema

26. According to ATLS 11 Guideline for relieving Intrathoracic Pressure for an adult patient with Tension pneumothorax where will you insert Wide bore Needle

- a) 2nd
- b) 3rd
- c) 4th
- d) 5th

[27.In](#) a severely injured trauma patient with FAST positive Scan , a venous lactate level above which threshold is a specific indicator for Damage Control Surgery (DCS) rather than Early Total Care (ETC)?

- a). 2 mmol/L
- b). 3 mmol/L
- c). 4 mmol/L
- d). 5 mmol/L

28 Major trauma is defined by an Injury Severity Score (ISS) greater than:

- a). 5
- b). 10
- c). 15
- d). 20

29. A 65-year male weighing 50 kg was admitted with 60% burn and RL was transfused with Parkland formula. How much fluid should be infused in first 8 h:

- a). 250 ml/h
- b). 500 ml/h
- c). 750 ml/h
- d). 1000 ml/h

30. Concentration of Sodium in Normal Saline Solution

- a) 124
- b) 134
- c) 144
- d) 154

31. The first priority in trauma management is:

- A. Control of exsanguinating hemorrhage
- B. Airway with cervical spine protection
- C. Disability assessment
- D. Exposure

32. The Parkland formula is used for:

- A. Fluid resuscitation in burns
- B. Maintenance fluids
- C. Blood transfusion calculation
- D. Electrolyte correction

33. The most common cause of postoperative fever within the first 24 hours is:

- A. Urinary tract infection
- B. Atelectasis
- C. Surgical site infection
- D. Deep vein thrombosis

34. Postoperative oliguria is defined as urine output less than:

- A. 1 ml/kg/hr.
- B. 50 ml/hr.
- C. 0.3 ml/kg/hr.
- D. 0.5 ml/kg/hr.

35. The "lethal triad" in trauma consists of:

- A. Hypotension, acidosis, hypoxia
- B. Acidosis, hypoglycemia, hypoxia
- C. Hypothermia, acidosis, coagulopathy
- D. Shock, hypoxia, renal failure

36. Melanin spots on the lips and mouth is a feature associated with

- A. Atypical Mole Melanoma Syndrome
- B. Type I Neurofibromatosis
- C. Cowden Syndrome
- D. Peutz-Jeghers Syndrome

37. Type of peritonitis frequently associated with decompensated cirrhosis

- A. Primary Pneumococcal Peritonitis
- B. Spontaneous Bacterial Peritonitis
- C. Tuberculous Peritonitis
- D. Biliary Peritonitis

38. Intra vesical BCG therapy is useful in

- A. Muscle invasive bladder cancer
- B. Metastatic bladder cancer
- C. Non muscle invasive bladder cancer

D. Squamous cell carcinoma of bladder

39. Which among these surgeries have the highest risk for venous thromboembolism

A. Coronary Artery by-pass Graft

B. Inguinal hernia repair

C. Cholecystectomy

D. Total hip replacement

40. First line invasive intervention for Mitral stenosis

A. Mitral valve repair

B. Balloon Valvuloplasty

C. Mitral valve replacement

D. Transcatheter MitraClip

41. Factors of adenocarcinoma esophagus are following except

a) Barretts esophagus

b) Obesity

c) Reflux esophagitis

d) Esophageal web

42. Duodenal ulcer commonly occur in which part of the duodenum

a) First part

- b) Second part
- c) Third part
- d) Fourth Part

43. Portal vein is formed at

- a) Posterior to head of pancreas
- b) Posterior to body of pancreas
- c) anterior to neck of pancreas
- d) posterior to neck of pancreas

44. Which of the following is true in plain Xray abdomen in intestinal obstruction

- a) caecum can appear as round shadow
- b) ileum has valvulae conniventes
- c) jejunum is characterless
- d) sigmoid appear shapeless

45. What type of stone is staghorn calculi

- a)calcium
- b)phosphate
- c)uric acid
- d)cystine

46. The primary compensatory mechanism in early hypovolemic shock is

- a) Bradycardia

- b) Tachycardia
- c) decreased peripheral resistance
- d) Reduced respiratory rate

47. Why is RL preferred over NS in burns patient

- a) It contains glucose
- b) It has higher sodium concentration
- c) It resembles extracellular fluid composition
- d) It is hypotonic

48. During Autoclaving, sterilization of the instrument is achieved by

- a) Dry heat
- b) Radiation
- c) Moist heat under pressure
- d) Chemical sterilization

49. Characteristic features of basal cell carcinoma is

- a) Epithelial pearls
- b) Mitotic figures
- c) Orphan Annie nucleus
- d) Palisading Islands

50. Space of parona refer to

- a) Space deep to the palmar aponeurosis
- b) space deep to the Flexor digitorum superficialis

- c) Space deep to the flexor digitorum profundus
- d) Space deep to the Flexor carpi ulnaris

51. Splenectomy is most useful in the treatment of

- A. Thrombotic thrombocytopenia
- B. Hereditary Spherocytosis
- C. Henoch-Schonlein (HS) purpura
- D. Sickle cell anaemia

52. The Major constituent of bile is:

- A. Cholesterol
- B. Water
- C. Bile salts
- D. Bile pigments

53. The most posterior structure in the hepatoduodenal ligament is:

- A. Hepatic artery
- B. Portal vein
- C. Common bile duct
- D. Inferior vena cava

54. The gold standard test in establishing the diagnosis of gastro-oesophageal reflux disease (GORD) is:

- A. Oesophageal manometry

B. 24-hour ambulatory pH monitoring

C. Upper GI endoscopy

D. Double contrast barium swallow.

55. The most common type of anal tumour is:

A. Squamous cell carcinoma

B. Lymphoma

C. Malignant melanoma

D. Adenocarcinoma

56. Staging laparoscopy is indicated in patients with gastric cancer because:

A. It can detect less than 1 cm liver metastasis.

B. It is more accurate in detecting small peritoneal metastasis

C. It has the advantage of cytological assessment of tumour spread

D. All of the above

57. The most common type of oesophageal malignancy associated with Barrett's oesophagus is:

A. Adenocarcinoma

B. Squamous cell carcinoma

C. Adenosquamous cell carcinoma.

D. Lymphoma

58. Seton insertion should be considered in patients with :

A. Fistula in ano with multiple external openings.

B. Low fistula in ano.

C. High fistula in ano.

D. B and C

E. A and C

59. The concept of "field cancerization" is commonly associated with:

A. Colon cancer

B. Head and neck cancers

C. Thyroid cancer

D. Breast cancer

60. Which of the following best distinguishes clinical audit from research?

A. Audit requires ethical approval

B. Audit evaluates current practice against standards

C. Audit introduces new treatment strategies

D. Audit requires randomization

61. The most sensitive monitor for detecting hypoventilation during anesthesia is:

A. Pulse oximetry

B. Capnography

C. ECG

D. Blood pressure monitoring

62. The most common cause of late mortality in burn

patients is:

- A. Hypovolemia
- B. Sepsis**
- C. Electrolyte imbalance
- D. Hypothermia

63. The most common cause of hemothorax in trauma is injury to:

- A. Pulmonary arteries
- B. Intercostal vessels**
- C. Bronchial arteries
- D. Internal mammary artery

64. A loop ileostomy is preferred over end ileostomy in emergency situations because:

- A) It has fewer complications
- B) It is easier to reverse**
- C) It prevents dehydration
- D) It has better cosmetic outcome

65. The most important factor determining operability in carcinoma rectum is:

- A) Size of tumor.
- B) Histological type
- C) Fixity to surrounding structures.**
- D) Presence of bleeding

66. A patient presents with altered bowel habits and iron deficiency anemia. The most likely site of carcinoma is:

- A) Rectum.
- B) Sigmoid colon.
- C) Ascending colon.**
- D) Transverse colon

67. In acute pancreatitis, which of the following indicates severe disease?

- a) Serum amylase >1000 IU
- b) Hypocalcemia**
- c) Mild abdominal pain.
- d) Normal hematocrit

68. The most critical factor determining testicular salvage in torsion testis is:

- A) Degree of swelling.
- B) Time since onset of symptoms**
- C) Age of the patient.
- D) Presence of fever

69. Which among the following is not the cause of upper gastrointestinal bleeding?

- a) Gastric Ulcer
- b) Mallory Weiss tear
- c) Jejunal Erosion**
- d) Esophageal Varices

70. Which of the following is the most common complication of bariatric surgery in a patient with obstructive sleep apnoea

- a) Arrhythmias
- b) post operative bleeding
- c) anastomotic leak
- d) infection

71. A 35 year old male presents with a swelling in the scrotum that is non tender and separate from the testes and on transillumination a Chinese lantern pattern is seen.

Diagnosis?

- a) Vaginal hydrocele
- b) Inguinal hernia
- c) Epididymal cyst
- d) Varicocele

72. If a child has acute scrotal pain and swelling where testicular torsion is highly suspected, how will you proceed

- a) immediate scrotal exploration only on the side of swelling
- b) immediate scrotal exploration on the same side and delayed exploration on the opposite side
- c) immediate scrotal exploration on both sides
- d) conservative management

73. A 40 year old woman with severe chronic pancreatitis is scheduled to undergo an operation because other forms of treatment have failed. The ultrasound shows no evidence of pseudocyst formation or cholelithiasis and endoscopic

retrograde cholangiopancreatogram (ERCP) demonstrates dilated pancreatic ducts with multiple stricture formations. Which operation is suitable to treat this condition?

- a) **Pancreatico jejunostomy**
- b) Gastrojejunostomy
- c) Cholecystectomy
- d) Subtotal pancreatectomy

74. Most common benign tumor of the parotid gland is

- a) Warthin tumor
- b) **Pleomorphic adenoma**
- c) Basal cell adenoma
- d) Oncocytoma

75. The most common histological type of soft tissue sarcoma in adults is:

- a) Synovial sarcoma
- b) **Liposarcoma**
- c) Fibrosarcoma
- d) Leiomyosarcoma

76. The most common site of ectopic parathyroid gland is:

- a) Carotid sheath
- b) **Thymus**
- c) Retroesophageal space

d) Posterior mediastinum

[77.In](#) melanoma, the most important prognostic factor is:

a) Ulceration

b) Mitotic index

c) **Breslow thickness**

d) Clark level

78.The most common cause of primary hyperparathyroidism is

a) Parathyroid carcinoma

b) Parathyroid hyperplasia

c) **Parathyroid adenoma**

d) MEN syndrome

79.A 76 year old man underwent varicose vein surgery he was on aspirin. Which drug you will give to prevent DVT

a) Restart Aspirin

b) **Low molecular weight heparin**

c) Clopidogrel

d) Warfarin

80.A chronic smoker came to surgery OPD with leg pain. Which investigation you will do

a) **Arterial Doppler**

b) CT Angiogram

c) Venous Doppler

d) MR Angiogram

81. Head Injury patient brought to emergency with suture,
What will you do

a) Ask for an emergency neurosurgery consultation

b) Emergency CT Brain

c) Insert a nasogastric tube

d) Insert an endotracheal tube

82. 30 year old male brought to hospital after road traffic
accident all findings in favour of chest injury EXCEPT

a) Decreased breath sound

b) Bradycardia

c) Chest Pain

d) Oxygen saturation less than 80%

83. Intravenous fluids not used for resuscitation

a) 3% Saline

b) Ringer lactate

c) Albumin

d) 5% Dextrose

84. A 42-year-old patient presents with recurrent multiple
peptic ulcers and chronic diarrhea. Serum gastrin levels are
markedly elevated. The tumor responsible is most commonly
located in which region?

A. Fundus of stomach

B. Body of stomach

C. Duodenum or pancreas

D. Esophagus

85. A patient presents with persistent vomiting of undigested food eaten several hours earlier and visible peristalsis. Which electrolyte abnormality is most likely?

A. Hyperkalemia with metabolic acidosis

B. Hypokalemia with metabolic alkalosis

C. Hyponatremia with acidosis

D. Hyponatremia with alkalosis

86. Liver abscess most commonly caused by:

A. Viral infection

B. Amoebiasis

C. Tuberculosis

D. Fungal infection

87. A patient presents with epigastric pain relieved by food. Most likely diagnosis?

A. Gastric ulcer

B. Duodenal ulcer

C. Gastritis

D. Gastric carcinoma

88. Most common site of anal fissure:

A. Anterior midline

B. Posterior midline

C. Lateral wall

D. Circumferential

89. Mr. Suresh has to undergo prostatectomy, at present he is on dual antiplatelet therapy containing Clopidogrel and aspirin. Which of the statement is correct regarding continuation and discontinuation of drug

a) Dual antiplatelet therapy should be continued

b) Clopidogrel should be continued and aspirin should be stopped

c) Clopidogrel should be stopped and aspirin can be continued

d) Clopidogrel should replace with ticagrelor

90. A 56 year old patient suffering from alcoholic cirrhosis receives a healthy liver from his biological son. What is this type of transplant known as

a) Autograft

b) Allograft

c) Xenograft

d) Isograft

91. 24 years old male patient presented to emergency after a road traffic accident. All are parameters of damage control surgery EXCEPT

- a) Hypothermia less than 34°C
- b) Acidosis < [7.2](#)
- c) Systolic blood pressure <90mmHg for >30 minutes
- d) Blood Pressure < 70 mmHg

92. A construction worker came to OPD complaining of white fingers. He has been working in cement and Concrete industry and has been working on heavy machinery with drills for last 20 years. Identify the Etiology of his condition

- a) Candida infection of fingers due to continuous exposure to water
- b) Exposure to thinners and paints
- c) Continuous exposure to cement and concrete
- d) Continuous exposure to drills and machines

93. A trauma patient has a Glasgow Coma Scale (GCS) score of 6 on arrival. What is the most appropriate? Immediate step

- a) Start IV fluids
- b) Insert a nasogastric tube
- c) Arrange for an urgent CT brain
- d) Secure the airway with endotracheal intubation

94. Which malignancy should be excluded first in a patient diagnosed with MEN2A before proceeding with thyroid surgery?

- a. Parathyroid CA
- b. Pancreatic NET
- c. Pheochromocytoma**
- d. Pituitary adenoma

95. Which pathological feature in DCIS most strongly indicates the need for adjuvant radiotherapy after BCS?

- a. Low nuclear grade
- b. Wide surgical margins
- c. Tumor size <1cm
- d. Comedo necrosis**

96. Which zone of the prostate is most involved in adenocarcinoma?

- a. Transitional zone
- b. Peripheral zone**
- c. Central zone
- d. Periurethral zone

97. Which electrolyte abnormality is the hallmark of refeeding syndrome during initiation of total parenteral nutrition?

- a. Hyperkalemia
- b. Hypophosphatemia**
- c. Hyponatremia
- d. Metabolic alkalosis

98. Injury to the radial nerve in the spiral groove of the humerus will result in:

- a. Loss of elbow extension & wrist drop**

b. Loss of wrist flexion

c. Preserved elbow extension with wrist drop

d. Isolated sensory loss over the thenar eminence

99. Which of the following is not a sign of acute appendicitis

a. Pointing sign

b. Omega sign

c. Psoas sign

d. Obturator sign

100. Operation of choice for sigmoid cancer

a. Left hemicolectomy

b. Sigmoidectomy

c. Right hemicolectomy

d. Total proctocolectomy

101. CCK/pancreozymin is secreted from

a. Stomach

b. Pancreas

c. Duodenum

d. Liver sinusoids

102. Not a complication of cholelithiasis

a. Mirizzi syndrome

b. Mucocele of gall bladder

c. Gallstone ileus

d. Choledochal cyst

103. Seton insertion is a modality of treatment in

- a. Fissure in ano
- b. Haemorrhoids
- c. Fistula in ano**
- d. Anal canal carcinoma

104. Where should free air be looked for on an erect CXR to avoid mistaking it for the gastric air bubble?

- a) Under the left hemidiaphragm
- b) Under the right hemidiaphragm**
- c) Along the costophrenic angles
- d) Around the cardiac shadow

105. The most common long term complication of perineal abscess is

- a) Incontinence
- b) Perineal pain
- c) Tenesmus
- d) Fistula in ano**

106. What is the correct anatomical relationship of the femoral artery and vein?

- a) The femoral vein is lateral to the artery.
- b) The femoral artery is medial to the vein.
- c) The femoral vein is medial to the artery.**
- d) The femoral artery and vein lie at the same level.

107. The characteristic finding in Barium swallow in a case of achalasia cardia is

- a) Bird beak appearance**

- b) Apple core appearance
- c) Lead pipe appearance
- d) Leather bottle appearance

108. Which of the following is the immediate phase of wound healing before inflammation?

- A) Proliferation
- B) Haemostasis**
- C) Remodelling
- D) Angiogenesis

109. The most common causative organism in lactational mastitis is:

- a) Streptococcus pyogenes
- b) Escherichia coli
- c) Staphylococcus aureus**
- d) Klebsiella pneumoniae

110. Bowen's disease refers to

- a) Lentigo maligna
- b) SCC in situ**
- c) Nodular melanoma
- d) Invasive SCC

111. The parathyroid glands develop from which pharyngeal pouches?

- A) Second and third
- B) Third and fourth**
- C) Fourth and fifth

D) First and second

112. Which imaging feature is most characteristic of a chronic subdural haematoma?

A. Biconvex hyperdensity

B. Diffuse hypodensity over cerebral convexity

C. Crescent-shaped mixed density

D. Midline hyperdensity with calcification

113. What are splenunculi?

a) Enlarged spleens

b) Accessory spleens

c) Malignant tumors of the spleen

d) Infections of the spleen

114. The most common location for a Gastrinoma (Zollinger-Ellison Syndrome) is:

a) Pancreatic Tail

b) Gastric Fundus

c) Gastrinoma Triangle (Passaro's Triangle)

d) Splenic Hilum

115. Which grade of renal trauma (AAST) involves a shattered kidney with avulsion of the renal hilum?

a) Grade III

b) Grade IV

c) Grade V

d) Grade II

116. A "Bird's Beak" appearance on Barium Swallow is

characteristic of of:

- a) Achalasia Cardia
- b) Carcinoma Esophagus
- c) Diffuse Esophageal Spasm
- d) Hiatus Hernia

117. The specific tumor marker for Hepatocellular Carcinoma (HCC) is:

- a) CEA
- b) CA [19-9](#)
- c) Alpha-Fetoprotein (AFP)
- d) CA-125

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

- a. 3 mg/kg
- b. 7 mg/kg
- c. 12 mg/kg
- d. 15 mg/kg

119. True statement regarding Opportunistic Post-Splenectomy Infections:

- a. May result from animal bites
- b. Gram Negative Anaerobes often responsible
- c. Prophylaxis not needed in children
- d. Prophylactic Vaccines recommended on the day of Splenectomy

120. True about Rectal Cancers:

- a. 20% show complete response to radiation
- b. Lower rectal cancers need 5 cm clearance all around
- c. A permanent colostomy follows an Anterior Resection
- d. Lymphatic spread occurs mainly downwards

121. The normal lower esophageal sphincter pressure is:

- a. 3–5 mmHg
- b. 5–10 mmHg
- c. 10–25 mmHg
- d. 25–40 mmHg

122. Dynamic form of assessing coagulation status is:

- a. Kaolin–Cephalin Clotting Time
- b. Prothrombin Time
- c. INR
- d. Thromboelastography

123. In hypovolemic shock, the decrease in cardiac output (CO) is due to:

- a. Inadequate blood/plasma volume
- b. Reduced venous return
- c. Failure of myocardial pump
- d. A & B

124. When is the maximum collagen content of wound tissue?

- a. Between 3rd to 5th day
- b. Between 6th to 17th day
- c. Between 17th to 21st day

d. None of the above

125. Management of an open wound seen 12 hours after the injury – (AIIMS 1987):

- a. Suturing
- b. Debridement and suture
- c. Secondary suturing
- d. Heal by granulation

126. The radiodensity or the radiopacity in CT is measured in:

- a. mA
- b. mV
- c. g/m^3
- d. Hounsfield Unit

127. What is the typical diameter of a laparoscopic trocar?

- a. 5 mm
- b. 10 mm
- c. 15 mm
- d. 20 mm

128. Plaster of Paris is chemically:

- A) Calcium Carbonate
- B) Anhydrous Calcium Phosphate
- C) Hemihydrate Calcium Sulphate
- D) Anhydrous Calcium Sulphate

129. Which of the following muscles does not form the rotator cuff of the shoulder?

- A) Subscapularis

B) Supraspinatus

C) Infraspinatus

D) Teres Major

130. Cock-up splint is used in the management of:

A) Ulnar nerve palsy

B) Brachial plexus palsy

C) Radial nerve palsy

D) Combined Ulnar and Median nerve palsy

131. All are clinical tests for meniscus except:

a) Childress test

b) Apley's grinding test

c) McMurray's test

d) Pivot shift test

132. The least likely cause for carpal tunnel syndrome is:

a) Pregnancy

b) Chronic renal failure

c) Hyperthyroidism

d) Distal radius fracture

133. Most common organism causing acute osteomyelitis is:

a) H. influenzae

b) E. coli

c) Salmonella typhi

d) Staphylococcus aureus

134. Most common nerve injured in midshaft humerus fracture is:

- a) Median nerve
- b) Radial nerve
- c) Anterior interosseous nerve
- d) Axillary nerve

135. Muscle spared in high radial nerve palsy is:

- a) Triceps
- b) Brachioradialis
- c) ECRL
- d) ECRB

136. Displacement in Colles' fracture includes all except:

- a) Impaction
- b) Lateral tilt
- c) Pronation
- d) Supination

137. For which nerve is the cock-up splint used?

- a) Ulnar nerve
- b) Median nerve
- c) Radial nerve

[d\) Posterior interosseous nerve \(PIN\)](#)

138. Medial epicondylitis of humerus is also known as:

- a) Tennis elbow
- b) Golfer's elbow
- c) Student's elbow
- d) Nursemaid's elbow

139. All the following are deformities in rheumatoid hand

except:

- a) Swan neck deformity
- b) Boutonniere deformity
- c) Z deformity
- d) Gunstock deformity

140. Non-union is most commonly associated with fracture of:

- a) Clavicle
- b) Scaphoid
- c) Patella
- d) Metacarpals

141. Which is not seen in gastric outlet obstruction?

- A. Hyponatraemia
- B. Hypokalemia
- C. Hypercalcaemia
- D. Aciduria

142. Ochsner-Sherren regimen is for treatment of:

- A. Acute appendicitis
- B. Appendicular abscess
- C. Appendicular mass
- D. Appendicular rupture

143. Out of the following, which has got a better prognosis?

- A. Carcinoma head of pancreas
- B. Hepatocellular carcinoma
- C. Klatskin tumour

D. Periapillary carcinoma

144. Specific test for rheumatoid arthritis is:

- a) Anti-CCP
- b) Anti-dsDNA
- c) Rheumatoid factor
- d) ANA

145. Which one of the following is a major criterion in Gurd's criteria for fat embolism syndrome?

- a) Pyrexia
- b) Tachycardia
- c) Tachypnoea
- d) Petechial rash

146. a 27-year-old male with h/o RTA presented to the ER. He opens his eyes to painful stimuli, localizes pain and makes incomprehensible sounds. What is his GCS?

- A. 10
- B. 11
- C. 9
- D. 4

147. The volume of post-void residual volume is said to be ___ or more in chronic urinary retention

- A. 100 ml
- B. 250 ml
- C. 400 ml
- D. 500 ml

148. Which type of shock does cardiac tamponade cause?

- A. Hypovolemic shock
- B. Cardiogenic shock
- C. Distributive shock
- D. Obstructive shock

149. PRBC should be stored in:

- A. CPD
- B. SAG-M
- C. Special aggregator
- D. All of the above

150. Repeat FNAC is indicated in:

- A. Bethesda II
- B. Bethesda III
- C. Bethesda IV
- D. Bethesda V

151. How many layers of cells does the peritoneum have?

- A) 1
- B) 2
- C) 3
- D) 4

152. In the Sengstaken-Blakemore tube, the balloon should be deflated every ____ to prevent pressure necrosis.

- A) 2 hours
- B) 4 hours
- C) 6 hours

D) 12 hours

153. Most common site of involvement in Crohn's disease is:

A) Jejunum

B) Transverse colon

C) Terminal ileum

D) Rectum

154. Constricting type of colonic carcinoma is seen in:

A) Left colon

B) Right colon

C) Transverse colon

D) Caecum

155. Most common nerve injured in inguinal hernia repair is:

A) Iliohypogastric nerve

B) Genitofemoral nerve

C) Ilioinguinal nerve

D) None of the above

156. The best initial investigation for suspected bladder cancer is:

a) Ultrasound

b) CT urogram

c) Cystoscopy

d) MRI pelvis

157. The gold standard investigation for DVT is:

a) D-dimer test

b) Doppler ultrasound

c) CT angiography

d) Venography

158. The most reliable level of evidence in medical research is:

a) Case reports

b) Cohort studies

c) Randomized controlled trials

d) Expert opinion

159. Breaking bad news to a patient should follow which protocol?

a) SPIKES protocol

b) ABCDE protocol

c) FAST protocol

d) SOAP protocol

160. Which of the following is a feature of Graves' disease?

a) Cold nodules on scintigraphy

b) Exophthalmos

c) Decreased T3 and T4

d) Hypocalcemia

161. Which of the following statements regarding Bier's block (or intravenous regional anesthesia) is FALSE?

A) The minimum duration of cuff inflation is 20 minutes

B) Bupivacaine is anesthetic of choice

C) If used on the lower limb carries a higher risk of toxicity

D) Patients do not need to be fasted

162. Which of the following are NOT a parameter to assess the severity of acute pancreatitis in either Ranson or Glasgow score?

- A) Age
- B) White blood cell count
- C) Serum amylase
- D) Serum calcium

163. Which of the following statements about Wilms' tumour is TRUE?

- A) It is a tumour of embryonic nephrogenic tissue occurring below the age of 5 years
- B) Haematuria and fever are the most common presentations in early stage
- C) Lymphatic spread is common
- D) Chemotherapy is not used in treatment

164. The normal lower esophageal sphincter pressure is:

- a) 3–5 mmHg
- b) 5–10 mmHg
- c) 10–25 mmHg
- d) 25–40 mmHg

165. Dynamic form of assessing coagulation status is:

- a) Kaolin–Cephalin Clotting Time
- b) Prothrombin Time
- c) INR
- d) Thromboelastography

166. Which of the following is not a malignant tumour?

- a) Osteosarcoma
- b) Multiple myeloma
- c) Ewing's sarcoma
- d) Osteochondroma

167. Which of the following displacement of distal fragments is not seen in Colles' fracture?

- a) Lateral displacement
- b) Lateral tilt
- c) Palmar displacement
- d) Supination

168. Rolando fracture is:

- a) Calcaneal fracture
- b) Fracture at the base of the first metacarpal
- c) Distal radius fracture
- d) C7 avulsion fracture

169. Regarding bariatric surgery, which of the following surgeries have high calorie and protein malabsorption?

- A) Gastric banding
- B) Sleeve gastrectomy
- C) Gastric bypass
- D) Biliopancreatic diversion and duodenal switch surgery

170. Regarding Familial Adenomatous Polyposis (FAP) the following are TRUE:

- A) Presence of more than 100 colorectal adenomas is

diagnostic of FAP

B) APC gene mutation as Autosomal Dominant inheritance

C) Congenital hypertrophy of retinal pigment epithelium (CHRPE) can be used as a screening tool in relatives

D) All of the above

171. Which of the following is the most common cause of upper GI bleeding?

a) Gastric cancer

b) Peptic ulcer disease

c) Esophageal varices

d) Mallory-Weiss tear

172. Which of the following is the most common site for development of colorectal cancer?

a) Rectum

b) Sigmoid colon

c) Caecum

d) Ascending colon

173. Most common cause of acute pancreatitis:

a) Alcohol

b) Cholelithiasis

c) Hyperlipidemia

d) Trauma

174. 'Bird beak' appearance on barium swallow is seen in:

a) Achalasia

- b) Esophageal cancer
- c) GERD
- d) Barrett's esophagus

175. Most common benign liver tumour:

- a) Focal nodular hyperplasia
- b) Hemangioma
- c) Hepatic adenoma
- d) Hepatocellular carcinoma

176. Which is the best suture material for skin closure in RTA wound

- a) Catgut
- b) Polyglactin 910
- c) Polyamide
- d) Polydioxanone

177. Wagner's grading is done in

- a) Diabetic Foot
- b) Madhura foot
- c) PVOD
- d) Club foot

178. Herniotomy is done in

- a) Direct Hernia
- b) Indirect Hernia
- c) Congenital Hernia
- d) Both b & c

179. Gastric outlet obstruction causes

- a) Hypochloremic, hypokalemic, metabolic alkalosis
- b) Hypochloremic, hyperkalemic, metabolic acidosis
- c) Hyperchloremic, hyponatremic, metabolic acidosis with paradoxical aciduria
- d) Hyperchloremic, hypokalemic, respiratory acidosis

180. MEN Type 1 includes all except

- a) Pancreatic Duodenal adenoma
- b) Pituitary adenoma
- c) Parathyroid adenoma
- d) Thyroid adenoma

181. Figure of 8 bandages is applied in?

- a) Rib fracture
- b) Lamelle fracture
- c) Clavicle fracture
- d) Proximal tibia fracture

182. Sequestration is a pathological hallmark of?

- a) Acute Osteomyelitis
- b) Chronic Osteomyelitis
- c) Granulation tissue
- d) Myositis

183. Which of the following is a characteristic feature of a patient with a femoral neck fracture?

- a) Shortening of the affected limb
- b) External rotation of the affected limb
- c) Limited range of motion of hip

d) All of the above

184. Guyon's canal nerve is?

a) Median Nerve

b) Ulnar Nerve

c) Radial Nerve

d) Musculoskeletal Nerve

185. Pilon fracture is?

a) Intra-articular fracture of distal tibia

b) Intra-articular fracture of proximal fibula

c) Fracture Ulna

d) Fracture Radius

186. Judet view is used for?

a) Calcaneal fracture

b) Vertebral fracture

c) Hip dislocation

d) Elbow dislocation

187. Scissoring gait is seen in?

a) Cerebral Palsy

b) Parkinson's disease

c) Perthes disease

d) CTEV

188. Investigation of choice for lumbar prolapsed disc?

a) X-ray

b) CT scan

c) MRI

d) Myelogram

189. Garden's Classification is used for?

a) Intertrochanteric Fracture

b) Fracture Neck of Femur

c) Epiphyseal Separation

d) Posterior Dislocation of Hip

190. A child presents with a painless limp and limited hip abduction. X-ray shows flattening of the femoral head. Likely diagnosis:

a) Perthes disease

b) Transient synovitis

c) Septic arthritis

d) Slipped capital femoral epiphysis

191. A newborn is diagnosed with clubfoot. The initial management is:

a) Surgery

b) Manipulation and casting

c) Bracing

d) Observation

192. A 35-year-old male presents with low back pain radiating to the right leg. Straight leg raise is positive at 30°. Likely diagnosis:

a) Lumbar disc herniation

b) Ankylosing spondylitis

c) Spinal stenosis

d) Sacroiliitis

193. Brown-Sequard syndrome is caused by:

a) Anterior cord injury

b) Posterior cord injury

c) Hemisection of the spinal cord

d) Complete cord transection

194. The drug of choice for methicillin-resistant Staphylococcus aureus (MRSA) osteomyelitis is:

a) Vancomycin

b) Ceftriaxone

c) Ciprofloxacin

d) Linezolid

195. Most common symptom of head of pancreas malignancy:

a) Pain

b) Jaundice

c) Weight loss

d) Anorexia

196. Most common complication after Nissen's fundoplication:

a) Liver injury

b) Stomach injury

c) Pneumothorax

d) Esophageal injury

197. In a newborn, the most common cause of intestinal

obstruction:

- a) Duodenal atresia
- b) Annular pancreas
- c) Jejunal atresia
- d) Esophageal atresia

198. Massive bleeding per rectum in a 70-year-old patient is most commonly due to:

- a) Diverticulitis
- b) Carcinoma colon
- c) Polyp
- d) Colitis

199. Which of the following is used in the treatment of thyroid malignancy?

- A. Iodine-131
- B. Technetium-99m (99mTc)
- C. Phosphorus-32 (32-P)
- D. MIBG

200. Excision of hyoid bone is done in:

- A. Branchial cyst
- B. Branchial fistula
- C. Thyroglossal cyst
- D. Sublingual dermoid

201. Which will produce osteoblastic secondaries in bone?

- A. Carcinoma thyroid
- B. Carcinoma breast

- C. Carcinoma kidney
- D. Carcinoma prostate

202. Toxic megacolon is a complication of:

- A. Paralytic ileus
- B. Ulcerative colitis
- C. Volvulus
- D. Crohn's disease

203. "Rat tail" appearance in barium swallow is diagnostic of:

- A. Achalasia cardia
- B. Esophageal stricture
- C. Carcinoma oesophagus
- D. Reflux oesophagitis

204. The typical cell that is involved in the 'proliferation' phase of wound healing is:

- A. Macrophage
- B. Fibroblast
- C. Polymorphonuclear WBC
- D. Epithelial cell

205. In antimicrobial treatment of surgical infection, the antibiotic that acts at the ribosomal level preventing protein production in the bacteria is:

- A. Cephalosporins
- B. Penicillin
- C. Aminoglycoside
- D. Erythromycin

206. In specimen processing for histopathology examination, how much thickness is the section made using a microtome?
- A. 0.5 μm
 - B. 1 μm
 - C. 0.5 mm
 - D. 1 mm
207. What does "PAIR" stand for in hydatid cyst treatment?
- A. Puncture, Aspiration, Injection, Reaspiration
 - B. Partial Aspiration and Injection of Radiocontrast
 - C. Percutaneous Approach for Invasive Removal
 - D. Prophylaxis, Antibiotic, Incision, Resection
208. A sharply demarcated streptococcal infection of the superficial lymphatics of the face is:
- A. Impetigo
 - B. Pyoderma gangrenosum
 - C. Erysipelas
 - D. Hidradenitis suppurativa
209. Which condition is associated with "bird-beak" appearance on barium swallow?
- a) Achalasia
 - b) Esophageal stricture
 - c) GERD
 - d) Esophageal cancer
210. Which of the following is NOT part of the surgical management of perforated peptic ulcer?

- a) Graham's patch repair
- b) Truncal vagotomy
- c) Gastrojejunostomy
- d) Nissen fundoplication

211. Which of the following is a common feature of Meckel's diverticulum?

- a) Located in the duodenum
- b) Derived from the vitelline duct
- c) Always symptomatic
- d) Found in 10% of the population

212. Meralgia paresthetica is due to entrapment of which nerve?

- a) Common peroneal nerve
- b) Lateral cutaneous nerve of thigh
- c) Radial nerve
- d) Supraclavicular nerve

213. The most common fracture of the clavicle occurs at:

- A. Medial third
- B. Lateral third
- C. Junction of medial and middle third
- D. Junction of lateral and middle third

214. A fracture associated with injury to the radial nerve is:

A. Supracondylar humerus

B. Surgical neck humerus

C. Shaft of humerus

D. Intercondylar humerus

215. Most common nerve injured in anterior dislocation of shoulder:

A. Radial

B. Median

C. Ulnar

D. Axillary

216. Classical triad of compartment syndrome includes all except:

A. Pain

B. Pallor

C. Paresthesia

D. Fever

217. Garden classification is used for:

A. Intertrochanteric fracture

B. Subtrochanteric fracture

C. Fracture neck of femur

D. Shaft of Humerus fractures

2.MULTIPLE RESPONSE QUESTIONS

1. Which of the following are causes of multiple anorectal fistulas in males

- 1) Crohn's disease
- 2) Tuberculosis
- 3) Ulcerative colitis
- 4) Lymphogranuloma Venerum

a) 1,2 and 4

b) 2,4

c) 1, 3

d) 1,2,3

2. Which are the different positions of Appendix

- 1) subhepatic
- 2) suprapubic
- 3) pelvic
- 4) retrocecal

a) 1,4

b) 1,2,4

c) 1,3,4

d) 2,3

3. Boundaries of Hasselbach's triangle

- 1) Rectus abdominus
- 2) inguinal ligament
- 3) inferior epigastric artery
- 4) Testicular artery

- a) 1,3
- b) 2,3,4
- c) 1,2,3
- d) 1,4

4. Floating prostate Vermootens sign is seen in all except

- 1) membranous urethra rupture
- 2) penile urethra rupture
- 3) Intra peritoneal urinary bladder rupture
- 4) Bulbar urethra rupture

- a) 2,3
- b) 2,3,4
- c) 1,2,3
- d) 1,4

5. All of the following causes massive lower GI bleed except

- 1) CA rectum
- 2) Crohn's colitis
- 3) Typhoid colitis
- 4) diverticulitis of colon

- a) 1,3,4
- b) 2,3,4
- c) 1,2,3
- d) 1,2,4

6. Regarding gas gangrene:

- a) Caused exclusively by claudridium perfingens
- b) It's a gram positive encapsulated organism
- c) Crepitus may be elicited
- d) Foamy liver is seen in hepatic involvement

a) [1, 2](#) and 3

b) 1 and 2

c) 2 and 3

d) [1, 2, 3](#) and 4

7. External angular dermoid is

- a) An example of sequestrian dermoid
- b) It may extend into orbital cavity
- c) It can arise from lachrymal gland
- d) Excision is the treatment

a) [1, 2](#), and 3

b) 1 and 2

c) 2 and 3

d) [1, 2, 3](#) and 4

8. Which of the following are features of primary hyperparathyroidism?

1. Hypercalcemia
2. Hypophosphatemia
3. Tetany
4. Renal calculi

- a) 1 and 2
- b) 3 only
- c) [1, 2](#) and 4
- d) 3 and 4

9. Regarding Dupuytren's contracture :

- a) Can occur bilaterally
- b) Involve ring and little finger
- c) Caused by fibrosis of tendons sheath
- d) Treated by tendon transfer

- a) 1,2, and 3
- b) 1 and 2
- c) 2 and 3
- d) [1, 2, 3](#) and 4

10. Preoperative plan for better surgical outcomes include

- 1.Optimize patient condition
- 2.Informed consent
- 3.Document relevant information
- [4.No](#) need to correct anaemia

- a) [1, 2](#) and 3
- b) 1 and 2
- c) [2, 3](#) and 4
- d) [1, 3](#) and 4

11. Which of the following statements are true in oncology?

- a) Aultraradical surgery for local control of cancer has little

effect on metastatic disease.

b) Surgery for metastatic disease is appropriate in certain circumstances.

c) Overall treatment of cancer consists of surgery, chemotherapy and radiotherapy.

d) Palliative care is the same as end-of-life care.

12. Classical features of local anaesthetic toxicity include:

a) Hypertension

b) Transient blindness

c) Seizures

d) Tardiac arrhythmias

13. Which of the following statements regarding bowen's disease are true?

a) It can affect the mucous membranes.

b) It usually presents as solitary lesions.

c) It is commonly associated with internal malignancies.

d) It can be treated with topical corticosteroid agents.

14. Which one of the following statements are false?

a) Hormone replacement therapy (HRT) increases the risk of breast cancer.

b) Inflammatory breast cancer is caused byinfection in the breast.

c) Medullary carcinoma in the breast is associated with a poor prognosis.

d) Oestrogen receptor negative tumours are treated with tamoxifen or aromatase inhibitors

15. Biochemically hypothyroidism can be associated with the following:

- a) Hybernatraemia.
- b) Hyperlipidaemia.
- c) Thyroid peroxidase (tpo) autoantibodies.
- d) Raised TSH.

16. Which of the following CPET (Cardiopulmonary Exercise test) values indicates a patient is at significantly higher risk of morbidity and mortality after major surgery?

- a). Anaerobic threshold (AT) of 14 mL/kg/min
- b). VO₂ peak of 15 mL/kg/min
- c). Anaerobic threshold (AT) below 11 mL/kg/min
- d). VO₂ peak below 25 mL/kg/min

17. Which among the Following is Non absorbable Suture

- a) Silk
- b) polypropylene
- c) Polyglactin
- d) Polydioxanone

18. Which of the Following Factor are increased as response to major Surgical Injury

- a) IL-1
- b) IL-6
- c) TNF - α
- d) IGF-1

19. Multiple endocrine dysplasia 2A(MEN2A) Associated with

- a) Hyperparathyroidism
- b) Medullary carcinoma thyroid
- c) Mucosal neuromas
- d) marfanoid habitus

20. Which of the following is included in SEPSIS SIX BUNDLE

- a). Intravenous fluid
- b). Blood cultures
- c). Serum lactate
- d). Blood transfusion

21. Components of ERAS include:

- A. Early mobilization
- B. Prolonged fasting
- C. Multimodal analgesia
- D. Minimal access techniques

22. Features of hypovolemic shock include:

- A. Tachycardia
- B. Hypotension
- C. Reduced urine output
- D. Bradycardia

23. Features of pheochromocytoma include:

- A. Bradycardia
- B. Sweating
- C. Palpitations
- D. Headache

24. Damage control surgery emphasizes:

- A. Definitive reconstruction during the initial surgery
- B. Prevention of hypothermia, acidosis, and coagulopathy
- C. Minimal operative time
- D. Rapid control of hemorrhage

25. Investigations for localization of parathyroid adenoma include:

- A. Plain X-ray neck
- B. Serum calcium level
- C. Selective venous sampling for PTH
- D. Technetium-99m sestamibi scan

26. Which of the following are causes of multiple anorectal fistulas in males

- 1) Crohn's disease
 - 2) Tuberculosis
 - 3) Ulcerative colitis
 - 4) Lymphogranuloma Venerum
- a) 1,4
 - b) 2,4
 - c) 1,3
 - d) 1,2,4

27. Which are the different positions of Appendix

- 1) subhepatic
 - 2) suprapubic
 - 3) pelvic
 - 4) retrocecal
- a) 1,4
 - b) 1,2,4
 - c) 1,3,4
 - d) 2,3

28. Boundaries of Hasselbach's triangle

1) Rectus abdominus

2) inguinal ligament

3) inferior epigastric artery

4) Testicular artery

a) 1,3

b) 2,3,4

c) 1,2,3

d) 1,4

29. Floating prostate Vermootens sign is seen in all except

1) membranous urethra rupture

2) penile urethra rupture

3) Intra peritoneal urinary bladder rupture

4) Bulbar urethra rupture

a) 2,3

b) 2,3,4

c) 1,2,3

d) 1,4

30. All of the following causes massive lower GI bleed except

1) CA rectum

2) Crohn's colitis

3) Typhoid colitis

4) diverticulitis of colon

a) 1,3,4

b) 2,3,4

c) 1,2,3

d) 1,2,4

31. Which of the following factor affecting wound healing

1) Infection

2) Malnutrition

3) Hypoxia

4) Hypertension

a) 1,3,4

b) 2,3,4

c) 1,2,3

d) 1,2,4

32. Indication for fluid resuscitation in burns patient

1) > 10% TBSA in child

2) >50% TBSA in adult

3) full thickness burns

4) superficial burns

a) 1,2,3

b) 1,3,4

c) 2,3,4

d) 1,2,4

33. Factors influencing development of SSI

1. Duration of procedure

2. Degree of microbial contamination of wound

3. Malnutrition

4. General Anesthesia

a) 1,2,3

b) 1,3

c) 2,3,4

d) all of the above

34. Advantages of laparoscopic surgery

1. Reduced blood loss

2. Shorter recovery time

3. Lower risk of infection

4. Better tactile feedback

a) 1,2

b) 1,2 & 4

c) 1,2,3

d) 3,4

35.Cause of persistence of a sinus or fistulae includes-

1)Foreign body

2) Nondependent drainage

3) Unrelieved Obstruction

4) Presence of malignancy

A. 1&2

B. 1,3 &4

C. 1,2,3 &4

D. 3&4

36. Features of inflammatory carcinoma of breast.

1.Skin erythema

2.Peau de'orange

3.Dermal lymphatic invasion

4.Well-defined lump

A. All are correct

B. 1 and 2 correct

C. 1, 2, 3 correct

D. 1 and 4 correct.

37. Cytokines involved in systemic inflammatory response after injury

1. TNF- α

2. IL-1

3. IL-6

4. Interferon- γ

A. 1,2,3 correct

B. 2 and 3 correct

C. All are correct

D. 2,3,4 correct

38. Which are the features of chronic venous insufficiency

1. Hyperpigmentation

2. Pulselessness

3. Paraesthesia

4. Lipodermatosclerosis

A. All are correct

B. 1 and 4 correct

C. 2 and 3 correct

D. 1,3,4 correct

39. Indication for intubation in trauma

1. GCS $\leq$ 8

2. Airway obstruction

3. Severe facial trauma

4. Hypoxia

A. 1 and 3 correct

B. 1, 3, 4 correct

C. 2, 3, 4 correct

D. All are correct

40. Metabolic response of catecholamines during injury

1. Increased glycogenolysis

2. Increased lipolysis

3. Increased gluconeogenesis

4. Increased insulin secretion

A. All are correct

B. 1, 2, 3 correct

C. 2, 3, 4 correct

D. 1, 4 correct

41. Regarding the principles of informed consent, the crucial elements are:

1. Patient's signature and Doctor's approval

2. Disclosure of risks and benefits

3. Patient's capacity to understand, and voluntary decision

4. Guarantee of a successful outcome, and family's approval

a) 1 and 2

b) 2 and 3

c) 3 and 4

d) 1 and 4

42. Postoperative nausea and vomiting (PONV) can be minimized by:

1.Multimodal antiemetic prophylaxis

2.Prolonged fasting, minimal fluid intake and antiemetics only if symptoms develop

3.Adequate hydration and minimizing opioid use

4.Deep breathing exercises and opioid analgesics

a) 1 and 3

b) 2 and 3

c) 3 and 4

d) 1 and 4

43. The advantages of laparoscopic surgery compared to open surgery typically include:

1.Smaller incisions and reduced blood loss

2.Faster recovery

3.Higher risk of complications, longer operative time

4.Similar recovery time but increased cost

a) 1 and 2

b) 2 and 3

c) 3 and 4

d) 1 and 4

44. Features of carcinoma urinary bladder typically include:

1. Painless hematuria

2. Irritative urinary symptoms (frequency, urgency)

3. Always presents with severe pain

4. Strong association with smoking

a) 1 and 2.

b) [1, 2](#) and 4.

c) 2 and 3.

d) 3 and 4

45. Features of femoral hernia typically include:

1. Swelling below and lateral to pubic tubercle

2. More common in females

3. Low risk of strangulation

[4. May](#) present as irreducible painful swelling

a) 1 and 2.

b) [1, 2](#) and 4.

c) 2 and 3.

d) 3 and 4

46. Regarding benign prostatic hyperplasia (BPH), which

statements are correct?

1.Common in older men

2. Occurs in the peripheral zone of the prostate

3.Can cause urinary retention

4. Transurethral resection is a treatment option

(A) 1 and 3 are correct

(B) [1,3](#), and 4 are correct

(C) [2,3](#), and 4 are correct

(D) [1,2](#), and 4 are correct

47.Regarding renal transplantation, which statements are correct?

1.Living-donor donors have better graft survival rates.

2.Immunosuppressive therapy is required lifelong.

3.Chronic rejection is an uncommon complication.

4.Tissue matching is crucial for success.

Options :

(A) [1,2](#), and 4 are correct

(B) 1 and 3 are correct

(C) 2 and 4 are correct

(D) All are correct

48. Complications of Whipple's Pancreaticoduodenectomy include:

1.Delayed Gastric Emptying

2.Pancreatic Fistula

3.Hemorrhage

4.Dumping Syndrome

a) 1 and 2

b) 2 and 3

c) [1, 2](#) and 3

d) All of the above

49.Which of the following are true regarding pheochromocytoma?

[1.It](#) may present with paroxysmal hypertension

2.Diagnosis includes measuring urinary vanillylmandelic acid (VMA)

[3.It](#) arises from the adrenal medulla or extra-adrenal paraganglia

4.Beta-blockers are not given to control blood pressure

(A) [1, 2](#), and 3 are correct

(B) [1, 2](#), and 4 are correct

(C) [2, 3](#), and 4 are correct

(D) [1, 2, 3](#), and 4 are correct

50.Regarding minimally invasive surgery (MIS) techniques:

1.Reduced postoperative pain

2. Longer hospital stay

3. Better cosmetic outcomes

4. Higher risk of wound infection

Which of the statements given above are correct?

(A) [1, 2](#), and 3 are correct

(B) 1 and 3 are correct; 2 and 4 are incorrect

(C) Only 2 and 4 are correct

(D) [1, 3](#), and 4 are correct

51. Which of the following are true about Barrett's esophagus

[1. It](#) is a complication of GERD

2. Migration of squamous epithelium of distal esophagus to stomach

[3. It](#) can progress to dysplasia and invasive malignancy

4. Proton pump inhibitors are always used in the treatment

a) 1&4

b) 1,2&3

c) 2,3 &4

d) 1,3 & 4

52. Risk factors for breast carcinoma include

1. Early menarche

2. Late menopause

3. Nulliparity

4. Early first pregnancy

a) 1,2,3

b) 1,3,4

c) 2,3,4

d) 1,2,4

53. Structures at risk during carotid endarterectomy include

1. Hypoglossal nerve

2. Vagus nerve

3. Accessory nerve

4. Marginal mandibular nerve

a) 1,2,3

b) 1,2,4

c) 2,3,4

d) 1,3,4

54. Features of chronic venous insufficiency include

1. Lipodermatosclerosis

2. Venous eczema

3. Atrophie blanche

4. Digital gangrene

a) 1,2,3

b) 1,3,4

c) 2,3,4

d) 1,2,4

55. Indications for skin grafting include

1. Large raw areas
2. Chronic ulcers
3. Deep burns
4. Small clean lacerations

a) 1,2,3

b) 1,3,4

c) 2,3,4

d) 1,2,4

56. Risk factors for deep vein thrombosis include

1. Immobilization
2. Malignancy
3. Pregnancy
4. Hyperthyroidism

a) 1,2,3

b) 1,3,4

c) 2,3,4

d) 1,2,4

57. Features of carcinoma stomach include

- 1) Epigastric Mass
- 2) Vomiting
- 3) Hematuria
- 4) Odynophagia

a) 1,2 and 3

- b) 1 and 2
- c) 2 and 3
- d) 1,2,3 and 4

58. Following are the features of Meleney's Ulcer

- 1) Malignant Ulcer
- 2) Undermined edge
- 3) Post-operative ulcer
- 4) occurs in pressure site

- a) 1,2 and 3
- b) 1 and 2
- c) 2 and 3
- d) 1,2,3 and 4

59. Which of the following are true regarding stages of wound healing

- 1) Remodeling phase is 3 days to 3 weeks
- 2) Vitamin – C enhances collagen synthesis
- 3) Maximum tensile strength is attained during remodeling phase
- 4) Steroid enhances wound healing

- a) 1,2 and 3
- b) 1 and 2
- c) 2 and 3
- d) 1,2,3 and 4

60. Post-operative care includes

- 1) Pain control

2) Early Mobilization

3) Early enteral Food

4) DVT Prophylaxis

a) 1,2 and 3

b) 1 and 2

c) 2and 3

d) 1,2,3 and 4

61. Which of the following are features of hypothyroidism

1) Infertility

2) Hair Loss

3) Bradycardia

4) Hypercholesterolemia

62. Portal hypertension features:

1. Splenomegaly

2. Ascites

3. Caput medusae

4. Bradycardia

A. [1, 2, 3](#)

B. [1, 3](#)

C. [2, 4](#)

D. All Answers are correct

63. Ulcerative colitis – True:

1. Continuous lesions

2. Skip lesions present
3. Always involves rectum
4. Cancer risk increased

A. [1, 3](#)

B. [1, 3, 4](#)

C. [2, 4](#)

D. All Answer

64. Spinal anesthesia – Complications:

1. Hypotension
2. Bradycardia
3. Headache
4. Hypertension

A. [1, 2](#)

B. [1, 3](#)

C. [1, 2, 3](#)

D. All Answers are correct

65. Intussusception – Features:

1. Colicky pain
2. Red currant jelly stool
3. Sausage-shaped mass
4. Hematemesis

A. [1, 2](#)

B. [1, 2, 3](#)

C. [2, 4](#)

D. All Answers are correct

66. Which is true

1. Superficial burns heal without scarring

2. Deep burns require graft

3. Pain absent in full thickness burns

4. Blisters in superficial burns

A. [1, 2](#)

B. [1, 2, 3](#)

C. [1, 2, 3, 4](#)

D. [2, 4](#)

67. Features of peritonitis include

1) Abdominal pain that increases on movement

2) fever

3) guarding

4) increased bowel sounds

a) [1, 2](#) and 3

b) 1 and 2

c) 2 and 3

d) [1, 2, 3](#) and 4

68. Following are features of venous ulcer

- 1) Sloping edge
 - 2) Occurs at pressure site
 - 3) Venous hypertension
 - 4) Surrounding skin pigmentation
- a) [1, 2](#) and 3
 - b) 1 and 2
 - c) 2 and 3
 - d) [1, 3](#) and 4

69. Which of the following is true regarding Gas Gangrene

- 1) Caused by clostridium tetani
 - 2) Occurs in immunocompromised patients
 - 3) Antibiotic prophylaxis is necessary
 - 4) Gas in soft tissue
- a) [1, 2](#) and 3
 - b) 1 and 2
 - c) [2, 3](#) and 4
 - d) [1, 3](#) and 4

70. Preoperative plan for better surgical outcomes include

- 1) Optimize patient condition

- 2) Informed consent
- 3) Document relevant information
- 4) No need to correct anaemia

a) [1, 2](#) and 3

b) 1 and 2

c) [2, 3](#) and 4

d) [1, 3](#) and 4

71. Which of the following are features of primary hyperparathyroidism?

1)Hypercalcemia

2) Hypophosphatemia

3) Tetany

4) Renal calculi

a) 1 and 2

b) 3 only

c) [1, 2](#) and 4

d) 3 and 4

72. Which of the following are indications for intercostal chest drain insertion?

a. Large pneumothorax with breathlessness

b. Small asymptomatic primary spontaneous pneumothorax

- c. Hemothorax
- d. Empyema
- e. Persistent air leak after needle aspiration

- A. a, b & c
- B. b, d & e
- C. a, b & d
- D. a, c, d & e

73. Which of the following are recognized features of nasopharyngeal CA?

- a. Serous otitis media due to Eustachian tube obstruction
- b. 6th cranial nerve palsy
- c. Epistaxis
- d. Early presentation with severe dysphagia

- A. a,b,c
- B. a,c,d
- C. b,c,d
- D. a,b,d

74. Which of the following are accepted treatments for keloid?

- a. Intralesional corticosteroid injections
- b. Wide excision alone as definitive treatment
- c. Silicone gel sheeting
- d. Pressure therapy

- A. a,b,c
- B. a,c,d
- C. C.a,b,c,d

D. B. b,c,d

75. Which of the following are features of Hypocalcemia?

- a. Perioral numbness
- b. Shortened QT interval
- c. Carpopedal spasm
- d. Trousseau's sign

A. A,b,c,d

B. a,b,c

C. b,c,d

D. a,c,d

76. Which of the following structures pass through the parotid gland?

- a. Facial nerve
- b. Maxillary vein
- c. External carotid artery
- d. Retromandibular vein
- e. Internal carotid artery

A. a,b,c,d

B. a,c,d

C. b,c,d,e

D. a,b,e

77. Which are the positions for per rectal examination

1. Sims position

2.Lithotomy position

3.Fowler's position

4.Dorsal position

a. 1 & 3

b. 2 & 4

c. [1, 2](#) & 4

d. [1, 3](#) & 4

78.Metabolic change in gastric outlet obstruction

1.Hypochloremia

2.Hyperkalemia

3.Metabolic acidosis

4.Paradoxical aciduria

a. [1, 2](#) & 3

b. [2, 3](#) & 4

c. 2 & 3

d. 1 & 4

79.Following are treatment options for portal hypertension

1.Thrombolysis

2.Surgical shunts

3.TIPSS

4.Liver transplantation

a. 2 & 3

b. [1, 2](#) & 3

c. 1,2 & 4

d. [2, 3](#) & 4

80. Indications for cholecystectomy

1. > 1 cm gallstone
2. Choledocholithiasis
3. > 1 cm gallbladder polyp
4. Along with liver transplantation.

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

81. Medical treatment options in chronic pancreatitis

1. Analgesics
2. Nutrition supplementation
3. Antibiotics
4. Treat diabetes

- a. [1, 2](#)
- b. 1,2&3
- c. 1,2&4
- d. 1,3&4

82. Which of the following statements about CT imaging in trauma patients are correct?

- a) CT examination of the head should not be delayed by radiography of peripheral injuries.
- b) CT is known as the "doughnut of death" because it still significantly delays emergency treatment.

- c) Identifying diffuse axonal injury using CT is relatively poor.
- d) CT can detect unexpected abdominal and pelvic abnormalities that may affect immediate management.

83. The advantages of laparoscopic surgery compared to open surgery typically include:

- 1. Smaller incisions and reduced blood loss
- 2. Faster recovery
- 3. Higher risk of complications, longer operative time
- 4. Similar recovery time but increased cost

a) 1 and 2

b) 2 and 3

c) 3 and 4

d) 1 and 4

84. Which of the following can lead to an acute abdominal catastrophe in mesenteric cysts?

A) Torsion of the mesentery containing the cyst

B) Rupture of the cyst

C) Haemorrhage into the cyst

D) Cyst calcification

85. Postoperative nausea and vomiting (PONV) can be minimized by:

1. Multimodal antiemetic prophylaxis

2. Prolonged fasting, minimal fluid intake and antiemetics

only if symptoms develop

3. Adequate hydration and minimizing opioid use

4. Deep breathing exercises and opioid analgesics

a) 1 and 3

b) 2 and 3

c) 3 and 4

d) 2 and 4

86. What are the metabolic consequences of vomiting hydrochloric acid in gastric outlet obstruction?

A) Hypochloreaemic alkalosis

B) Initially normal sodium and potassium levels

C) Progressive hyponatremia and hypokalaemia

D) Increased circulating ionised calcium

87. Which of the following are true about basal cell carcinoma (BCC)?

A) It is a slow-growing malignant tumor.

B) It commonly metastasizes to distant organs

C) It arises from basal epidermis and hair follicles

D) It primarily affects non-pigmented skin

88. Features of peritonitis include

1. Abdominal pain that increases on movement

2. Fever

3. Guarding

4. Increased bowel sounds

- a) [1, 2](#) and 3
- b) 1 and 2
- c) 2 and 3
- d) [1, 2, 3](#) and 4

89. Which of the following are true regarding Riedel's thyroiditis?

- A) It is a rare condition accounting for 0.5% of goitres
- B) It is characterized by replacement of thyroid tissue with fibrous tissue
- C) It commonly presents with hyperthyroidism
- D) It can be associated with retroperitoneal and mediastinal fibrosis

90. Which of the following statements about Warthin's tumour are true?

- A) It is also known as adenolymphoma.
- B) It is the most common benign salivary gland tumour.
- C) It is strongly associated with cigarette smoking.
- D) It commonly affects the submandibular gland.
- E) Malignant transformation is extremely rare.

91. Which of the following are features of primary hyperparathyroidism?

- 1. Hypercalcemia
- 2. Hypophosphatemia
- 3. Tetany

4. Renal calculi

- a) 1 and 2
- b) 3 only
- c) [1, 2](#) and 4
- d) 3 and 4

92. Which of the following are components of the Child-Pugh Scoring system?

- 1. Serum Albumin
- 2. Prothrombin Time (INR)
- 3. Serum Creatinine
- 4. Ascites

- a) [1, 2](#) and 3
- b) [1, 2](#) and 4
- c) [2, 3](#) and 4
- d) All of the above

93. Indications for surgical intervention in Ulcerative Colitis include:

- 1. Toxic Megacolon refractory to medical therapy
- 2. High-grade dysplasia or carcinoma
- 3. Massive life-threatening hemorrhage
- 4. Fistula-in-ano

- a) [1, 2](#) and 3
- b) 2 and 4
- c) 1 and 3

d) All of the above

94. Regarding Abdominal Wall Hernias:

1. Richter's hernia involves only the antimesenteric border of the bowel and may not present with obstruction.

2. Littre's hernia contains the Vermiform Appendix.

3. Spigelian hernia occurs through the Linea Semilunaris.

4. Pantaloon's hernia consists of ipsilateral direct and indirect inguinal hernias.

a) 1 and 3

b) 2 and 4

c) [1](#), [3](#) and 4

d) All of the above

95. Fournier's Gangrene:

[1](#). Is a necrotizing fasciitis of the perineum

[2](#). Is usually polymicrobial

3. Requires immediate wide surgical debridement

[4](#). Is treated primarily with antibiotics alone

a) 1 and 2

b) [1](#), [2](#) and 3

c) 3 and 4

d) 1 and 4

96. Medical management of Crohn's Disease includes:

1. Steroid

2.Azathioprine

3.Infliximab

4.Aminosalicylates

a. [1, 2](#) & 3

b. 1 & 2

c. 2 & 3

d. [1, 2, 3](#) & 4

97. Meckel's diverticulum presents with:

1.Haemorrhage

2.Intestinal Obstruction

3.Intussusception

4.Chronic Ulceration

a. 1 & 2

b. [1, 2, 3](#) & 4

c. [1, 2](#) & 3

d. 2 & 3

98. Examples of Bariatric Surgery include:

1.Sleeve Gastrectomy

2.Roux-en-Y Gastric Bypass

3.Cardiomyotomy

4.Biliopancreatic Diversion

a. 1 & 2

b. [1, 3](#) & 4

c. [1, 2](#) & 4

d. 3 & 4

99. Hernia repair without a mesh includes:

1.TEP

2.Bassini

3.Lichtenstein

4.Desarda

a. 1 & 2

b. [1, 3](#) & 4

c. [1, 2, 3](#) & 4

d. 2 & 4

100. In Highly Selective Vagotomy for peptic ulcer:

1.The Anterior and Posterior Vagal trunks are preserved

2.The GI tract is not opened

3.The operation is not commonly done nowadays.

4.Unacceptable rate of recurrence

a. 1 & 2

b. [1, 2](#) & 3

c. [1, 2, 3](#) & 4

d. 3 & 4

101. Factors influencing the development of surgical site infections (SSIs):

1.Duration of procedure

2.Degree of microbial contamination of the wound

3. Malnutrition

4. General anaesthesia

a. [1](#), [2](#) & 3

b. 1 & 2

c. 2 & 3

d. [1](#), [2](#), [3](#) & 4

102. Surgery for ileal and ileocaecal tuberculosis may involve:

(a) Stricturoplasty

(b) Limited ileocolic resection

(c) Right hemicolectomy

(d) Ileo-transverse anastomosis

103. Which of the following predispose to bile duct carcinoma?

(a) Ulcerative colitis

(b) Gallbladder stones

(c) Sclerosing cholangitis

(d) Choledochal cyst

(e) Colorectal carcinoma

104. Which of the following statements are true in carcinoma of the prostate?

(a) It is the most common cancer in men over the age of 65 years.

(b) Carcinoma mostly originates in the peripheral zone of the prostate

(c) In the younger age group who develop prostate cancer, 10–15% have a positive family history.

(d) A patient who has had a prostatectomy for benign prostatic hypertrophy can develop prostate cancer.

(e) Prostate-specific antigen (PSA) is an extremely reliable method of screening

105. A pregnant woman is found to have excessive accumulation of amniotic fluid. Such oligohydramnios is likely to be associated with the following conditions:

1.PPROM

2.Renal agenesis

3.Down syndrome

4.IUGR

a) 1 & 2

b) 1, 2 & 4

c) 3 & 2

d) 2, 3 & 4

106. Which of the following is a feature of prolonged pregnancy?

1.Polyhydramnios

2.Macrosomia

3.Postmaturity syndrome

4.Oligohydramnios

a) 2 & 3

- b) [1, 2](#) & 3
- c) [3, 4](#) & 1
- d) All of the above

107. Advantages of laparoscopic surgery:

- 1. Reduced blood loss
- 2. Shorter recovery time
- 3. Lower risk of infection
- 4. Better tactile feedback

- a. 1 & 2
- b. [1, 2](#) & 4
- c. [1, 2](#) & 3
- d. 3 & 4

108. All the following favour postoperative wound dehiscence:

- 1. Malignancy
- 2. Vitamin B complex deficiency
- 3. Hypoproteinemia
- 4. Jaundice

- a. 1 & 2
- b. [1, 3](#) & 4
- c. [1, 2](#) & 3
- d. 3 & 4

109. Causes of persistence of a sinus or fistula include:

- 1.Foreign body
- 2.Non-dependent drainage
- 3.Unrelieved obstruction
- 4.Presence of malignancy

- a. 1 & 2
- b. [1, 3](#) & 4
- c. [1, 2, 3](#) & 4
- d. 3 & 4

110.The cardiac output (CO) is normal or elevated in which of the following types of shock, except:

- 1.Hypovolemic shock
- 2.Cardiogenic shock
- 3.Distributive shock
- 4.Obstructive shock

- a. 1 & 2
- b. [1, 2](#) & 4
- c. [1, 2, 3](#) & 4
- d. 3 & 4

111.Which of the following lesions are associated with recurrent shoulder dislocation?

- 1.Bankart's Lesion
- 2.Hill-Sachs Lesion
- 3.GLAD Lesion

4.Steida's Lesion

- A. [1, 2](#) & 3
- B. 1 & 2
- C. 2 & 3
- D. [1, 2, 3](#) & 4

112.The correct sequence of injury in terms of increasing severity of damage to nerve is:

- 1.Axonotmesis
- 2.Neurotmesis
- 3.Neuropraxia

- A. [1 2 3](#)
- B. [3 2 1](#)
- C. [1 3 2](#)
- D. [3 1 2](#)

113. Deformities seen in Colles' fracture:

- 1.Dorsal Displacement
- 2.Impaction
- 3.Lateral Tilt
- 4.Dorsal Tilt

- A. 2 & 4
- B. [1, 2](#) & 4
- C. [1, 2, 3](#) & 4
- D. 3 & 4

114. The characteristic features of basal cell carcinoma are:

1. Rolled edges
2. Hyperpigmentation
3. Ulceration
4. Lymph node spread

A. [1, 2, 3](#)

B. [1, 3, 4](#)

C. [1, 3](#)

D. [1, 2, 3, 4](#)

115. The following are associated with squamous cell carcinoma of the skin:

- [1.](#) It bleeds easily to touch
2. Cauliflower type of edge
3. HPV is a carcinogen
4. Also called rodent ulcer

A. [1, 3](#)

B. [1, 2, 3, 4](#)

C. [1, 2, 3](#)

D. [1, 2, 4](#)

116. Which of the following are considered premalignant or in situ lesions that can progress to squamous cell carcinoma?

1. Actinic keratosis

- 2. Bowen's disease
- 3. Keratoacanthoma
- 4. Basal cell papilloma

A. [1, 2, 3](#)

B. [1, 2](#)

C. [1, 3, 4](#)

D. [1, 2, 3, 4](#)

117. Which of the following are potential causes of postoperative hypotension?

- 1. Myocardial impairment
- 2. Epidural anaesthesia
- 3. Pulmonary embolism
- 4. Tension pneumothorax

A. 1 & 2

B. [1, 2](#) & 4

C. [1, 2](#) & 3

D. [1, 2, 3](#) & 4

118. Which of the following are considered high-grade salivary gland malignancies?

- 1. Salivary duct carcinoma
- 2. Carcinoma ex pleomorphic adenoma
- 3. Acinic cell carcinoma
- 4. Adenoid cystic carcinoma

A. 1 & 2

B. [1, 2](#) & 4

C. [1, 2](#) & 3

D. 3 & 4

119. Select the correct statement regarding types of debridement:

- i. **Surgical** – Excision of non-viable tissue using surgical instruments such as a scalpel, curette, or scissors until healthy bleeding occurs at the wound edges
- ii. **Enzymatic** – Chemically liquefy necrotic tissue with enzymes using topical agents such as collagenase or papain-urea
- iii. **Autolytic** – Using dressings such as hydrocolloids or transparent films to retain moisture and allow wound enzymes to selectively liquefy non-viable tissue
- iv. **Mechanical** – Non-selective debridement such as using irrigation, wet-to-dry dressings, and hydrotherapy. Both non-viable and viable tissue may be removed
- v. **Biological** – Medical-grade larvae of *Lucilia sericata* release proteolytic and antimicrobial substances to remove necrotic tissue

A. i, iii, v

B. ii, iv

C. i, ii, iii, iv, v

D. iii, iv, v

120. Match appropriately and select the single best answer regarding pressure sores:

Stages	Description
a) Grade 1	i) Non-blanchable erythema of intact skin
b) Grade 2	iv) Partial-thickness skin loss with exposed dermis
c) Grade 3	ii) Full-thickness skin loss
d) Grade 4	iii) Full-thickness skin and tissue loss

- A. i–B, ii–A, iii–D, iv–C
- B. i–C, ii–D, iii–A, iv–B
- C. i–A, ii–C, iii–D, iv–B
- D. i–D, ii–B, iii–C, iv–A

121. Examples of Bariatric Surgery:

1. Sleeve Gastrectomy
2. Roux-en-Y Gastric Bypass
3. Cardiomyotomy
4. Bilio-Pancreatic Diversion

A. 1 & 2

B. [1, 3](#) & 4

C. [1, 2](#) & 4

D. 3 & 4

122. Hernia Repair without a mesh includes:

1. TEP
2. Bassini
3. Lichtenstein
4. Desarda

A. 1 & 2

B. [1, 3](#) & 4

C. [1, 2, 3](#) & 4

D. 2 & 4

123. In Highly Selective Vagotomy for peptic ulcer:

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

- A. 1 & 2
- B. [1, 2](#) & 3
- C. [1, 2, 3](#) & 4
- D. 3 & 4

124. Which of the following are true about thyroid malignancies?

[1] Papillary carcinoma is the most common thyroid cancer.

[2] Medullary thyroid carcinoma is associated with MEN 2 syndrome.

[3] Anaplastic carcinoma has a good prognosis.

[4] Fine-needle aspiration cytology (FNAC) is the initial investigation of choice.

- a. [1, 2](#) & 3 are correct
- b. [1, 2](#) & 4 are correct
- c. Only 1 & 4 is correct
- d. All are correct

125. What are the features of a tension pneumothorax?

[1] Tracheal deviation away from the affected side

[2] Hyperresonant percussion note on the affected side

[3] Distended neck veins due to impaired venous return

[4] Bilateral lung involvement is common

- a. [1, 2](#) & 3 are correct
- b. All are correct
- c. Only 1 & 3 is correct
- d. None of the above

126. Which of the following are true regarding renal cell carcinoma (RCC)?

- [1] Hematuria is the most common symptom.
- [2] It is associated with von Hippel–Lindau disease.
- [3] It is highly sensitive to chemotherapy.
- [4] Radical nephrectomy is the treatment of choice for localized disease.

a. All are wrong

b. [1, 2](#) & 4 are correct

c. Only [1, 2](#) & 3 are correct

d. [2, 3](#) & 4 are correct

127. Which of the following are correct about Wilms' tumor?

- [1] It is a common childhood renal malignancy.
- [2] Hematuria and abdominal mass are common presentations.
- [3] It commonly occurs in adults.
- [4] Associated with WAGR syndrome (Wilms tumor, Aniridia, Genitourinary anomalies, and Retardation).

a. 2 & 3 are correct

b. 2 & 3 are wrong

c. [1, 2](#) & 4 are correct

d. All statements are correct

128. What are the common complications of severe burns?

- [1] Hypovolemic shock in the initial phase
- [2] Hyperkalemia due to cell destruction

[3] Decreased risk of infections due to burn eschar

[4] Acute respiratory distress syndrome (ARDS)

a. [1, 2, 4](#) are correct

b. [1, 2, 3](#) are correct

c. All are correct

d. [2, 3, 4](#) are correct

129. The type of mesenteric cyst can be classified into:

1.Chylolymphatic

2.Enterogenous

3.Spontaneous

4.Hydration

A) 1 & 2

B) 2 & 4

C) [1, 2](#) & 4

D) [1, 2](#) & 3

130. Esophagus has relatively narrow areas throughout its course. The distances of these narrow areas from the incisor teeth are:

1.15 cm

2.30 cm

3.35 cm

4.40 cm

A) 2 & 3

B) 2 & 4

C) 1 & 3

D) 1 & 4

131. In the surgery for hydatid cyst, the contamination of peritoneal cavity should be avoided by:

1.Continuum drug therapy with albendazole

2.Adding pre-op praziquantel

3.Packing of peritoneal cavity with 20% hypertonic saline soaks

4.Instilling 20% hypertonic saline to the cyst before it is opened

A) 1 & 2

B) 1, 2 & 3

C) 2 & 4

D) All of the above

132. Post-operative complications of splenectomy include:

A) Basal atelectasis

B) Pancreatitis

C) Postoperative thrombocytopenia

D) OPSI

A) 1 & 3

B) 2 & 3

C) 2 & 4

D) 3 & 4

133. Calot's (hepatobiliary) triangle is bordered by:

- 1.Cystic duct
- 2.Common hepatic duct
- 3.Superior border of cystic duct
- 4.Inferior border of liver

A) [1, 2](#) & 3

B) [1, 2](#) & 4

C) [2, 3](#) & 4

D) [1, 3](#) & 4

134. Which of the following is a characteristic feature of basal cell carcinoma?

- 1.Rapid metastasis
- 2.Pearly nodules with central ulceration
- 3.Irregular pigmented lesion
- 4.Painful ulcer

a) 1 and 3

b) 2

c) All of the above

d) [1, 2](#) and 3

135. In a patient with hemothorax following trauma, the management is:

- 1.Needle decompression
- 2.Chest tube insertion
- 3.Blood transfusion

4.IV fluid resuscitation

- a) 1
- b) 1 and 2
- c) All of the above
- d) [2, 3](#) and 4

136. Which of the following is a sign of tension pneumothorax?

- 1.Hyperresonance on percussion
- 2.Tracheal deviation
- 3.Muffled heart sounds

- a) [1, 2](#) and 3
- b) 1 alone
- c) None of the above
- d) 1 and 2

137. Which of the following is a risk factor for deep vein thrombosis (DVT)?

- 1.Immobility
- 2.Smoking
- 3.Oral contraceptive use

- a) 2 and 3
- b) 1 and 2
- c) None of the above
- d) [1, 2](#) and 3

138. Which of the following signs have been known to occur in acute pancreatitis?

- A) Trousseau's sign
- B) Courvoisier's sign
- C) Grey-Turner's sign
- D) Cullen's sign

139. Which of the following are examples of closed loop obstruction?

- A) Obstructed inguinal hernia
- B) Malignant colonic stricture with a competent ileocecal valve
- C) Gallstone ileus
- D) Intussusception

140. Regarding portal hypertension, which of the following are TRUE?

- A) In cases of variceal bleeding unresponsive to medical and endoscopic treatment, the next option is TIPSS (Transjugular intrahepatic portosystemic shunts)
- B) Non-variceal source of bleeding is seen in 50% patients
- C) Surgical shunt is preferred over TIPSS
- D) Liver transplantation is contraindicated

141. The following are causes of pancreatitis:

- A) Alcoholism
- B) Hypoparathyroidism
- C) Hyperkalemia

D) Pancreas divisum

142. Regarding ureteric injuries, which of the following statements are TRUE?

A) Cut ends are approximated without tension over a Double-J stent

B) Boari surgery is indicated when upper ureter is injured

C) Urinary fistula through surgical incision can be the presentation of a ureteric injury

D) In postoperative discovery of ureteric injury, delayed repair is indicated

143. The conjoint tendon is formed by:

a) Internal oblique aponeurosis

b) External oblique aponeurosis

c) Transversus abdominis

d) Rectus abdominis

144. Functions of the peritoneum include:

a) Fluid and particulate absorption

b) Inflammatory and immune responses

c) Fibrinolytic activity

d) Visceral lubrication

145. Which of the following are common risk factors for developing colorectal cancer (CRC)?

a) Family history of CRC

b) Diet low in fiber

c) Smoking and alcohol

d) Chronic inflammatory bowel disease

146. Which of the following are typical symptoms of acute appendicitis?

a) Nausea and vomiting

b) Jaundice

c) Fever

d) Loss of appetite

147. Which of the following are key components of ERAS (Enhanced Recovery After Surgery)?

a) Preoperative carbohydrate loading

b) Use of epidural analgesia

c) Early mobilization

d) Minimise opioids for pain management

e) Routine use of nasogastric tubes post operatively

148. T1N0M0 in carcinoma tongue is treated by:

a) Wide excision

b) Brachytherapy

c) Chemotherapy

d) Hemiglossectomy

149. Which of the following are brilliantly transilluminant?

a) Cystic hygroma

b) Epididymal cyst

c) Meningocele

d) Ranula

e) Thyroglossal cyst

150. Which of the following are tests for Peripheral Arterial Diseases?

- a) Allen's test**
- b) Adson's test**
- c) Fegan's test**
- d) Wright's test**
- e) Roos test**

151. Delphian nodes are:

- a) Prelaryngeal lymph nodes**
- b) Level 6 cervical lymph nodes**
- c) Level 5 cervical lymph nodes**
- d) Lower jugular lymph nodes**
- e) Posterior triangle cervical lymph nodes**

152. Pilonidal sinus occurs commonly over:

- a) Gluteal cleft**
- b) Intermammary region**
- c) Umbilicus**
- d) Palm**
- e) Interdigital web space**

153. Causes of pancreatitis:

- 1. Alcohol**
- 2. Post-ERCP**
- 3. Snake bite**
- 4. Trauma**

- a) [1, 2](#)
- b) [1, 2, 3](#)
- c) [1, 2, 3, 4](#)
- d) [1, 3, 4](#)

154. Causes of intestinal obstruction:

- 1. Adhesion
- 2. Trauma
- 3. Malignancy
- 4. Splenic flexure growth

- a) [1, 2, 3](#)
- b) [1, 2, 3, 4](#)
- c) [1, 3, 4](#)
- d) [1, 4](#)

155. Post spinal headache is due to:

- 1. Bifrontal or occipital location
- 2. Worse than lying down
- 3. Seen within 4 hours of dural puncture
- 4. Caffeine may provide temporary relief

- a) [1, 2](#)
- b) [1, 4](#)
- c) [1, 2, 3](#)
- d) [1, 2, 3, 4](#)

156. Inferior thyroid artery supplies:

1. Esophagus
2. Parathyroid
3. Thyroid
4. Thymus

A. 1 & 3

B. [1, 2](#) & 3

C. [1, 3](#) & 4

D. [1, 2, 3](#) & 4

157. MEN-2A (Sipple Syndrome) includes:

1. Pheochromocytoma
2. Hyperparathyroidism
3. Mucocutaneous neuroma
4. Medullary carcinoma of thyroid

A. 1 & 2

B. [1, 2](#) & 3

C. [1, 2](#) & 4

D. [1, 2, 3](#) & 4

158. Treatment of BPH includes:

1. Antibiotics
2. TURP
3. Tamsulosin
4. Dutasteride

A. [1, 2, 3, 4](#)

B. 1 & 4

C. [2, 3, 4](#)

D. 3 & 4

159. Cabana procedure is done for:

1.Carcinoma penis

2.Carcinoma testis

3.Carcinoma scrotum

4.Carcinoma bladder

A. 1 & 2

B. 1 alone

C. 1 & 3

D. 2 & 3

160. Causes of thoracic outlet syndrome include:

1.Cervical rib

2.Carpal tunnel syndrome

3.Thromboangiitis obliterans (TAO)

4.Neoplasm

A. [1, 2, 3](#) & 4

B. 1 & 4

C. [1, 2](#) & 3

D. [2, 3](#) & 4

161. All of the following are examples of bariatric surgery:

i) Pyloromyotomy

- ii) Sleeve gastrectomy
- iii) Roux-en-Y gastric bypass
- iv) Biliopancreatic diversion
- a) i and ii
- b) i, ii and iii
- c) iii and iv
- d) ii, iii and iv

162. Which of the following are indications for choledochotomy?

- i) Palpable duct stone
- ii) History of obstructive jaundice
- iii) A dilated common bile duct (CBD)
- iv) Raised alkaline phosphatase
- a) i and ii
- b) i, ii, iii and iv
- c) i, iii and iv
- d) i and iv

163. Extraintestinal manifestations of Crohn's disease include:

- i) Erythema nodosum
- ii) Sarcoidosis
- iii) Aphthous ulcer
- iv) Pyoderma gangrenosum
- a) i, iii and iv
- b) i, ii and iii

c) i and iv

d) ii, iii and iv

164. Classical clinical features of intestinal obstruction include:

i) Colicky abdominal pain

ii) Constipation

iii) Vomiting

iv) Abdominal distension

a) i, ii

b) i, ii and iii

c) i, ii, iii and iv

d) i, iii and iv

165. Criteria for stopping conservative treatment of an appendicular mass include:

i) A rising pulse rate

ii) Persistent vomiting

iii) Spreading abdominal pain

iv) Increasing size of the mass

a) i, iii and iv

b) i, ii, iii and iv

c) iii and iv

d) i, ii and iv

166. Factors associated with increased chance of malignant transformation in a pre-existing lesion in the oral cavity are:

1. Male sex
2. Non-homogeneous lesion
3. Lateral border of tongue
4. Multiple lesions

- a) 1 & 4
- b) [1, 2](#) & 3
- c) 2 & 4
- d) [2, 3](#) & 4

167. Which of the following nerves are at risk of injury in submandibular sialadenectomy?

1. Lingual nerve
2. Hypoglossal nerve
3. Ansa cervicalis
4. Marginal mandibular nerve

- a) 1 & 4
- b) 3 & 4
- c) [1, 2](#) & 4
- d) [1, 2](#) & 3

168. Regarding mammography, the following are true:

1. High voltage, low amperage X-rays
2. MLO and craniocaudal views
3. Dose is 1 mGy per film
4. Useful as an initial screening tool in asymptomatic women

a) [1, 2](#) & 3

b) [1, 2](#) & 4

c) [2, 3](#) & 4

d) 2 & 3

169. In prognostic risk classification for differentiated thyroid carcinoma, which of the following are considered high-risk factors?

1. Size more than 4 cm

2. Extrathyroid spread

3. Distant metastasis

4. Female sex

a) [1, 2](#) & 4

b) 2 & 3

c) [1, 2](#) & 3

d) [2, 3](#) & 4

170. Which of the following is true about Ankle-Brachial Pressure Index (ABPI)?

1. Normal range is 0.9 to [1.4](#)

[2. It](#) is reliable in diabetes mellitus

3. <0.9 can be seen in tunica media sclerosis

4. <0.4 indicates CLTI (Chronic Limb Threatening Ischemia)

a) 1 & 4

b) 2 & 4

c) [1, 3](#) & 4

d) 3 & 4

.ASSERTION REASON QUESTIONS

1.Assertion: -umbilicus is a normal scar in anterior abdominal wall

Reason: - It is formed by remnants of root of umbilical cord

- a) Both A&R are true (R) explains A
- b) Both A&R are true but (R) does not explains A
- c) A is true but R is false
- d) A is false R is true
- e) Both A and R are false

2.Assertion: - One should not introduce Foleys catheter in urethral injuries

Reason: -Urethral injuries is suspected in case of blood at urinary meatus

- a) Both A&R are true (R) explains A
- b) Both A&R are true but (R) does not explains A
- c) A is true but R is false
- d) A is false R is true
- e) Both A and R are false

3. Assertion (A) : Central veins are preferred for administering total parenteral nutrition

Reason (R) : Large quantity can be infused in short time

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A
- c) A is true but R is false

d) A is false but R is true

4. Assertion (A) : Trendelenburg position is ideal for treating hypovolemic shock

Reason (R) : Cardiac output can be enhanced.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) Both A and R is false

5. Assertion (A) : Tinel sign is elicited after peripheral nerve repair

Reason (R): To assess nerve regeneration

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

6. Assertion (A): To diagnose follicular carcinoma of thyroid FNAC is preferred

Reason (R): Angio invasion cannot be assessed.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

7. Assertion (A): Marjolin's ulcer has got better prognosis

Reason (R): It's a benign ulcer

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A
- c) A is true but R is false
- d) Both A and R are false

8. Assertion (A): Paget's disease of nipple can occur without an underlying mass.

Reason (R): It is always associated with invasive carcinoma.

- A. Both A and R are true, and R is the correct explanation
- B. Both A and R are true, but R is not the correct explanation
- C. A is true, R is false
- D. A is false, R is true

9. Assertion (A): Medullary carcinoma of thyroid is associated with MEN 2 syndrome.

Reason (R): It arises from parafollicular C cells.

- A. Both A and R are true, and R is the correct explanation
- B. Both A and R are true, but R is not the correct explanation
- C. A is true, R is false
- D. A is false, R is true

10. Assertion (A): In hypovolemic shock, systemic vascular resistance is decreased.

Reason (R): Baroreceptor reflex causes vasodilatation.

- A. Both A and R are true, and R is the correct explanation
- B. Both A and R are true, but R is not the correct explanation
- C. A is true, R is false
- D. Both A and R are false

11. Assertion (A): Inferior parathyroid glands show variable anatomical position.

Reason (R): They migrate along with thymus during development.

- A. Both A and R are true, and R is the correct explanation
- B. Both A and R are true, but R is not the correct explanation
- C. A is true, R is false
- D. A is false, R is true

12. Assertion (A): Parathyroid carcinoma is the most common cause of primary hyperparathyroidism.

Reason (R): It typically presents with mild hypercalcemia.

- A. Both A and R are true, and R is the correct explanation
- B. Both A and R are true, but R is not the correct explanation

- C. A is true, R is false
- D. Both A and R are false

13.In Trauma

Assertion: Permissive hypotension is contraindicated in traumatic brain injury.

Reason: Cerebral perfusion depends on adequate arterial pressure.

- A. Both true, R explains A
- B. Both true, R does not explain A
- C. A true, R false
- D. A false, R true

14.In Salivary Gland Tumors

Assertion: Facial nerve palsy suggests malignant parotid tumor.

Reason: Malignant tumors invade adjacent nerves.

- A. Both true, R explains A
- B. Both true, R does not explain A
- C. A true, R false
- D. A false, R true

15.Skin Tumours

Assertion: Basal cell carcinoma rarely metastasizes.

Reason: Basal cell carcinoma grows slowly and remains locally invasive.

A. Both true, R explains A

B. Both true, R does not explain A

C. A true, R false

D. A false, R true

16.Wound Healing

Assertion: Infection delays wound healing.

Reason: Infection prolongs Proliferative phase. A. Both true, R explains A

B. Both true, R does not explain A

C. A true, R false

D. A false, R true

17.Adrenal gland

Assertion: Pheochromocytoma causes hypertension.

Reason: It secretes catecholamines.

A. Both true, R explains A

B. Both true, R does not explain A

C. A true, R false

D. A false, R true

18. **Assertion-** In patients with Familial Adenomatous Polyposis (FAP), regular life long Upper GI endoscopic surveillance is advised, after proctocolectomy

Reason- As these patients are at a high risk for development

of complicated peptic ulcer disease

A. Both assertion and reason are true and the reason is the correct explanation of assertion

B. Both assertion and reason are true, but reason is not the correct explanation of assertion

C. Assertion is true, reason is false

D. Both assertion and reason are false

E. Assertion is false, Reason statement is true

19. Assertion- In patients with acute pancreatitis, antibiotics are the main stay of management

Reason- Antibiotics are helpful in the management of infected necrosis, concomitant cholangitis and respiratory infections

A. Both assertion and reason are true and the reason is the correct explanation of assertion

B. Both assertion and reason are true, but reason is not the correct explanation of assertion

C. Assertion is true, reason is false

D. Both assertion and reason are false

E. Assertion is false, Reason statement is true

20. Assertion- In all patients with cholelithiasis, cholecystectomy is the treatment of choice

Reason- Patients with cholelithiasis have a high risk for complicated gall stone disease, if left alone

A. Both assertion and reason are true and the reason is the correct explanation of assertion

B. Both assertion and reason are true, but reason is not the correct explanation of assertion

C. Assertion is true, reason is false

D. Both assertion and reason are false

E. Assertion is false, Reason statement is true

21. Assertion- While inserting an ICD for pneumothorax, the drain should be directed towards the base of the lung

Reason- Air in pleural space tends to accumulate towards the apex of the pleural space

A. Both assertion and reason are true and the reason is the correct explanation of assertion

B. Both assertion and reason are true, but reason is not the correct explanation of assertion

C. Assertion is true, reason is false

D. Both assertion and reason are false

E. Assertion is false, Reason statement is true

22. Assertion- The investigation of choice in Sportsman's hernia is MRI

Reason- Sportsman's hernia is a form of musculoligamentous strain of the groin

A. Both assertion and reason are true and the reason is the correct explanation of assertion

B. Both assertion and reason are true, but reason is not the correct explanation of assertion

C. Assertion is true, reason is false

D. Both assertion and reason are false

E. Assertion is false, Reason statement is true

23. Correct statements regarding groin hernia are:

(i) Not all hernias require surgical repair

(ii) Small femoral hernias can be managed conservatively

(iii) Small hernias can be more dangerous than large ones

(iv) A swelling with a cough impulse may not necessarily be a hernia

A. (i) & (ii)

B. (i), (iii) & (iv)

C. (ii) & (iii)

D. (i), (ii) & (iv)

24. Functions of peritoneum are:

(i) Pain perception during inflammation

(ii) Fibrogenic activity

(iii) Retards immune and inflammatory responses in the

peritoneal cavity

(iv) Visceral lubrication

A. (i), (ii),(iii) & (iv)

B. (ii) & (iii)

C. (i) &(iv)

D. (i), (ii) & (iv)

25. True regarding Urolithiasis:

(i) Variations in urinary pH is a risk factor for stone formation

(ii) Calcium oxalate stones are the most common type

(iii) Majority of stones < 4mm pass out spontaneously

(iv) Percutaneous nephrolithotomy is preferred for removal of stones less than 2 cm

A. (i), (ii) & (iv)

B. (ii) & (iii)

C. (i), (ii) & (iii)

D. (ii), (iii) & (iv)

26. Incorrect statements regarding anatomy of stomach are:

(i) Fundus is supplied by branches of the left gastric artery

(ii) Nerve of Grassi is a branch of the posterior vagus

(iii) The superior mesenteric nodes receive lymphatic drainage from the stomach

(iv) Unlike the rest of GIT, venous drainage of the stomach is

predominantly into the systemic veins

- A. (ii), (iii) & (iv)
- B. (ii) & (iii)
- C. (i),(iii) & (iv)
- D. (i) & (iv)

27. True statements regarding carcinoma prostate:

- (i) Often men are asymptomatic and detection is by opportunistic PSA testing
- (ii) The progression rate of well differentiated early cancers is very low
- (iii) Most common site of distant metastasis is the kidney
- (iv) Bone metastasis are characteristically osteolytic

- A. (i) (ii) & (iii)
- B. (i) & (ii)
- C. (ii) & (iv)
- D. (i), (ii) & (iv)

28. Assertion: -umbilicus is a normal scar in anterior abdominal wall

Reason: - It is formed by remnants of root of umbilical cord

- a) Both A&R are true (R) explains A
- b) Both A&R are true but (R) does not explains A
- c) A is true but R is false
- d) A is false R is true

29. Assertion: - One should not introduce Foleys catheter in urethral injuries

Reason: -Urethral injuries is suspected in case of blood at urinary meatus

- a) Both A&R are true (R) explains A
- b) Both A&R are true but (R) does not explains A
- c) A is true but R is false
- d) A is false R is true

30. Assertion: -Venous ulcer are commonly occur near the medial malleolus

Reason: -Venous hypertension is greater at the region

- a) Both A&R are true (R) explains A
- b) Both A&R are true but (R) does not explains A
- c) A is true but R is false
- d) A is false R is true

31. Assertion: - hyper parathyroidism causes hypercalcemia

Reason: - Parathyroid hormone increases bone resorption

- a) Both A&R are true (R) explains A
- b) Both A&R are true but (R) does not explains A
- c) A is true but R is false
- d) A is false R is true

32. Assertion: -shaving immediately before the surgery

reduces the risk of SSI compared to shaving the night before
Reason: -shaving the night before surgery can lead to minor skin injury that enhances the superficial bacterial colonization, thereby increasing the risk of SSI

- a) Both A and R are true, R is the correct explanation of assertion A
- b) Both A and R are true, but R is not the correct explanation of assertion A
- c) A is false R is true
- d) A is true but R is false

33. assertion: -an abscess should not be closed, as it contains bacteria and pus

Reason: -However, in breast abscess once all loculi are broken, wound is closed after thorough wash

- a) Both A&R are true(R) explains A
- b) Both A&R are true but (R) does not explains A
- c) A is true but R is false
- d) A is false R is true

34. Assertion: -The "Desarda repair techniques" use an undetached strip of nearby external oblique aponeurosis to replace absent aponeurotic extension

Reason: - This gives a weak elastic posterior wall

- a) Both A&R are true(R) explains A
- b) Both A&R are true but (R) does not explain A
- c) A is true but R is false
- d) A is false R is true

35. Assertion: -The testis on the opposite side should not be fixed at an early date to prevent torsion

Reason: -It has also got a high risk of undergoing torsion

- a) Both A&R are true(R) explains A
- b) Both A&R are true but (R) does not explain A
- c) A is true but R is false
- d) A is false R is true

36. Assertion: Varicocele is more common on the left side.

Reason: The left testicular vein drains into the left renal vein at a right angle.

- A. Both Assertion and Reason are true, and Reason is the correct explanation
- B. Both Assertion and Reason are true, but Reason is not the correct explanation
- C. Assertion is true but Reason is false
- D. Assertion is false but Reason is true

37. Assertion: Papillary carcinoma is the most common thyroid malignancy.

Reason: Papillary carcinoma spreads mainly through bloodstream.

A. Both Assertion and Reason are true, and Reason is the correct explanation

B. Both Assertion and Reason are true, but Reason is not the correct explanation

C. Assertion is true but Reason is false

D. Assertion is false but Reason is true

38. Assertion: Overwhelming post-splenectomy infection (OPSI) occurs mainly due to encapsulated bacteria.

Reason: The spleen plays a major role in clearing non encapsulated organisms from blood.

A. Both Assertion and Reason are true, and Reason is the correct explanation

B. Both Assertion and Reason are true, but Reason is not the correct explanation

C. Assertion is true but Reason is false

D. Assertion is false but Reason is true

39. Assertion: Most breast cancers arise in the upper outer quadrant.

Reason: The upper outer quadrant contains the greatest amount of breast tissue.

A. Both Assertion and Reason are true, and Reason is the

correct explanation

B. Both Assertion and Reason are true, but Reason is not the correct explanation

C. Assertion is true but Reason is false

D. Assertion is false but Reason is true

40. Assertion: A widened mediastinum on chest X-ray after trauma suggests possible aortic injury.

Reason: Traumatic deceleration can cause tearing of the thoracic aorta.

A. Both Assertion and Reason are true, and Reason is the correct explanation

B. Both Assertion and Reason are true, but Reason is not the correct explanation

C. Assertion is true but Reason is false

D. Assertion is false but Reason is true

41. Assertion (A): In intestinal obstruction, vomiting occurs earlier in proximal obstruction than distal obstruction

Reason (R): Proximal obstruction leads to rapid accumulation of intestinal contents

a) Both A and R are true, and R is the correct explanation of A

b) Both A and R are true, but R is not the correct explanation of A

c) A is true, but R is false

d) A is false, but R is true

42. Assertion (A): Direct inguinal hernia is more prone to strangulation than indirect hernia

Reason (R): It has a wide neck

- a) Both A and R are true, and R is the correct explanation of A
- b) Both A and R are true, but R is not the correct explanation of A
- c) A is true, but R is false
- d) A is false, but R is true

43. Assertion (A): Indirect inguinal hernia is more common than direct inguinal hernia

Reason (R): It occurs due to weakness of posterior wall of abdomen

- a) Both A and R are true, and R is the correct explanation of A
- b) Both A and R are true, but R is not the correct explanation of A
- c) A is true, but R is false
- d) A is false, but R is true

44. Assertion (A): Ultrasound is useful in detecting gallstones

Reason (R): It can visualize echogenic structures with posterior acoustic shadowing

- a) Both A and R are true, and R is the correct explanation of A
- b) Both A and R are true, but R is not the correct explanation of A
- c) A is true, but R is false
- d) A is false, but R is true

45. Assertion (A): Dental plaque plays a key role in the development of periodontal disease

Reason (R): It contains bacteria that induce inflammation of supporting tissues

- a) Both A and R are true, and R is the correct explanation of A
- b) Both A and R are true, but R is not the correct explanation of A
- c) A is true, but R is false
- d) A is false, but R is true

46. Assertion (A): In Graves' disease, subtotal or total thyroidectomy may be indicated in selected patients.

Reason (R): Graves' disease is an autoimmune disorder characterized by TSH receptor stimulation.

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A
- c) A is true but R is false.
- d) A is false but R is true

47. Assertion (A): Nipple retraction is a suspicious sign of malignancy in a breast lump.

Reason (R): Malignant lesions cause fibrosis and shortening of Cooper's ligaments.

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false.

d) A is false but R is true

48. Assertion (A): In blunt abdominal trauma, FAST is used as an initial investigation in unstable patients.

Reason (R): FAST helps in detecting free fluid in the peritoneal cavity.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false.

d) A is false but R is true

49. Assertion (A): Pheochromocytoma can cause episodic hypertension.

Reason (R): It secretes catecholamines such as adrenaline and noradrenaline.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false.

d) A is false but R is true

50. Assertion (A): Hypocalcemia may occur after total thyroidectomy.

Reason (R): Accidental removal or devascularization of parathyroid glands can occur during surgery.

a) Both A and R are true and R is the correct explanation of A

- b) Both A and R are true but R is not the correct explanation of A
- c) A is true but R is false.
- d) A is false but R is true

51.Assertion (A) : A diverting stoma can be used to protect a distal bowel anastomosis.

Reason (R) : A proximal stoma increases the fecal stream passing through the anastomotic site.

- (A) Both A and R are true, and R is the correct explanation of A
- (B) Both A and R are true, but R is not the correct explanation of A
- (C) A is true, R is false
- (D) A is false, R is true

52.Assertion (A) : Patients with familial adenomatous polyposis (FAP) often undergo prophylactic colectomy.

Reason (R) : Hundreds to thousands of colonic polyps develop in FAP, with a near 100% risk of malignancy if untreated.

- (A) Both A and R are true, and R is the correct explanation of A
- (B) Both A and R are true, but R is not the correct explanation of A
- (C) A is true, R is false

(D) A is false, R is true

53.Assertion (A) : A sliding inguinal hernia typically contains colon or bladder as part of its wall.

Reason (R) : The posterior wall of the inguinal canal is formed by the transversalis fascia in all its extent.

(A) Both A and R are true, and R is the correct explanation of A

(B) Both A and R are true, but R is not the correct explanation of A

(C) A is true, R is false

(D) A is false, R is true

54.Assertion (A) : Bariatric surgery can improve type 2 diabetes in morbidly obese patients.

Reason (R) : Significant weight loss improves insulin sensitivity and reduces insulin resistance.

(A) Both A and R are true, and R is the correct explanation of A

(B) Both A and R are true, but R is not the correct explanation of A

(C) A is true, R is false

(D) A is false, R is true

55.Assertion (A) : In laparoscopic appendectomy, the incidence of wound infection is lower compared to open

appendectomy.

Reason (R) : Laparoscopic appendectomy allows better visualization of the peritoneal cavity.

- (A) Both A and R are true, and R is the correct explanation of A
- (B) Both A and R are true, but R is not the correct explanation of A
- (C) A is true, R is false
- (D) A is false, R is true

56.A – Sentinel lymph node biopsy is used in early breast cancer staging.

R – It identifies the first lymph node receiving drainage from the tumor.

- a) A true, R false
- b) A & R true and R explains A
- c) A & R true but R does not explain A
- d) A false, R true

57.A – Paget disease of the nipple is usually associated with an underlying breast carcinoma.

R – Malignant ductal cells spread along the lactiferous ducts to involve the nipple epidermis.

- a) A true, R false
- b) Both true and R explains A

c) Both true but R not explanation

d) A false, R true

58.A – Compartment syndrome requires urgent fasciotomy.

R – It occurs due to increased intracompartmental pressure compromising perfusion.

a) A true, R false

b) A & R true and R explains A

c) A & R true but R not explanation

d) A false, R true

59.A – Warthin tumor is strongly associated with smoking.

R – It arises from lymphoid tissue within the parotid gland.

a) A true, R false

b) A & R true and R explains A

c) A & R true but R not explanation

d) A false, R true

60.A – In burn management, urine output is used to monitor adequacy of resuscitation.

R – Adequate urine output reflects sufficient renal perfusion.

a) A true, R false

b) A & R true and R explains A

c) A & R true but R not explanation

d) A false, R true

61.Assertion (A): Sentinel lymph node biopsy is done in Melanoma

Reason (R): it helps in assessing the secondaries of the disease

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A
- c) A is true but R is false
- d) A is false but R is true

62.Assertion (A): Gustatory sweating may occur after parotidectomy

Reason (R): Parasympathetic fibers to the parotid gland may regenerate aberrantly to innervate sweat gland

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A
- c) A is true but R is false
- d) A is false but R is true

63.Assertion (A): Elevated Serum lactate is a marker of tissue hypo perfusion

Reason (R): Aerobic metabolism leads to increased lactate production

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

64.Assertion (A): A lucid interval is classically seen in subdural hematoma

Reason (R): It is caused by rupture of bridging vein between cortex and dural sinus

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

65.Assertion (A): ER- positive breast cancers respond to hormonal therapy

Reason (R): Tamoxifen is given to ER- negative patient

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

66.Assertion (A): Pernicious anemia results in vitamin B12 deficiency.

Reason (R): It is caused by autoimmune destruction of parietal cells.

A. Both A and R are true, and R is the correct explanation

- B. Both A and R are true, but R is not the correct explanation
- C. A is true, R is false
- D. A is false, R is true

67.Assertion (A): Epidural anesthesia produces a segmental block.

Reason (R): Drug is injected directly into cerebrospinal fluid.

- A. Both A and R are true, and R is the correct explanation
- B. Both A and R are true, but R is not the correct explanation
- C. A is true, R is false
- D. A is false, R is true

68.Assertion (A): Right-sided colon cancers present with anemia more than obstruction.

Reason (R): Right colon has a wider lumen than left colon.

- A. Both A and R are false
- B. Both A and R are true, and R is the correct explanation
- C. A is correct R is not true
- D. A is false, R is true

69.Assertion (A): Chronic subdural hematoma can present with gradual neurological deficits.

Reason (R): It results from arterial bleeding.

- A. Both A and R are true, and R is the correct explanation
- B. Both A and R are true, but R is not the correct explanation
- C. A is true, R is false

D. A is false, R is true

70. **Assertion (A):** Sentinel lymph node biopsy is done in breast cancer.

Reason (R): It helps in assessing the distant metastasis of the disease.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

71. **Assertion (A):** A patient post-thyroidectomy complains of hoarseness of voice. Injury to the recurrent laryngeal nerve should be suspected.

Reason (R): The recurrent laryngeal nerve supplies all intrinsic muscles of the larynx including the cricothyroid.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

72. **Assertion (A):** Fluid resuscitation is crucial in the management of major burns.

Reason (R): Extensive burns lead to increased capillary

permeability and fluid loss into the Interstitial space.

- a) Both A and R are true and R is the correct explanation of A
- b) Both A and R are true but R is not the correct explanation of A
- c) A is true but R is false
- d) A is false but R is true

73. Assertion (A): A high cervical spine injury can cause respiratory arrest.

Reason (R): The diaphragm is supplied by the phrenic nerve, originating from C3-C5.

- a) Both A and R are true and R is the correct explanation of A
- b) A is true but R is false
- c) Both A and R are true but R is not the correct explanation of A
- d) A is false but R is true

74. Assertion (A): Sialolithiasis occurs more frequently in the submandibular gland than in the parotid gland.

Reason (R): Submandibular saliva is more mucous and alkaline and its duct opens against gravity.

- a) Both A and R are true and R is the correct explanation of A
- b) A is true but R is false
- c) Both A and R are true but R is not the correct explanation

of A

d) A is false but R is true

75.A:- Injury to the external branch of the superior laryngeal nerve causes inability to produce high-pitched sounds.

R:- The external branch of the superior laryngeal nerve supplies the cricothyroid muscle

a) Both (A) and (R) are true and (R) is the correct explanation for (A).

b) Both (A) and (R) are true but (R) is not the correct explanation for (A).

c) (A) is true but (R) is false.

d) (A) is false but (R) is true.

e) Both A & R false

76.A:- AFP is elevated in pure seminoma

R:- Seminoma arises from germ cells that do not produce AFP

a) Both (A) and (R) are true and (R) is the correct explanation for (A).

b) Both (A) and (R) are true but (R) is not the correct explanation for (A).

c) (A) is true but (R) is false.

d) (A) is false but (R) is true.

e) Both A & R false

77.A:- Sentinel lymph node biopsy reduces the risk of lymphedema

R:- SLN biopsy removes fewer lymph nodes than axillary dissection

- a) Both (A) and (R) are true and (R) is the correct explanation for (A).
- b) Both (A) and (R) are true but (R) is not the correct explanation for (A).
- c) (A) is true but (R) is false.
- d) (A) is false but (R) is true.
- e) Both A & R false

78.A:- The Parkland formula recommends 4ml/kg/% TBSA of Ringer's lactate in the first 24 hours after major burns.

R:- Half of the calculated fluid volume should be administered within the first 8 hours from the time of injury

- a) Both (A) and (R) are true and (R) is the correct explanation for (A).
- b) Both (A) and (R) are true but (R) is not the correct explanation for (A).
- c) (A) is true but (R) is false.
- d) (A) is false but (R) is true.
- e) Both A & R false

79.A:- Long saphenous vein varicosities are commonly associated with incompetence at the saphenofemoral junction.

R:- The long saphenous vein drains in to the femoral vein at the saphenofemoral junction in the groin

a) Both (A) and (R) are true and (R) is the correct explanation for (A).

b) Both (A) and (R) are true but (R) is not the correct explanation for (A).

c) (A) is true but (R) is false.

d) (A) is false but (R) is true.

e) Both A & R false

80.Assertion(A): ERCP is now used only for therapeutic purposes in patients with obstructive jaundice

Reason(R): MRCP gives adequate information on any biliary tract pathology

a) Both (A) and (R) are true and (R) is the correct explanation for (A).

b) Both (A) and (R) are true but (R) is not the correct explanation for (A).

c) (A) is true but (R) is false.

d) (A) is false but (R) is true.

e) Both A & R false

81.Assertion(A): Budd-chiari syndrome in and extrahepatic cause for portal hypertension

Reason(R): TIPSS helps to investigate a patient with portal hypertension

- a) Both (A) and (R) are true and (R) is the correct explanation for (A).
- b) Both (A) and (R) are true but (R) is not the correct explanation for (A).
- c) (A) is true but (R) is false.
- d) (A) is false but (R) is true.
- e) Both A & R false

82.Assertion(A): OPSI is a major concern after splenectomy in patients with obstructive jaundice

Reason(R): prophylactic aspirin is recommended in patients with post-splenectomy thrombocytosis

- a) Both (A) and (R) are true and (R) is the correct explanation for (A).
- b) Both (A) and (R) are true but (R) is not the correct explanation for (A).
- c) (A) is true but (R) is false.
- d) (A) is false but (R) is true.
- e) Both A & R false

83.Assertion(A): 50%GIST is in duodenum

Reason(R): Imatinib has revolutionised the treatment of GIST even in advanced cases

- a) Both (A) and (R) are true and (R) is the correct explanation for (A).
- b) Both (A) and (R) are true but (R) is not the correct explanation for (A).
- c) (A) is true but (R) is false.
- d) (A) is false but (R) is true.
- e) Both A & R false

84.Assertion(A): Parenteral Nutrition is indicated in patients with suspected nutrient deprivation for 5 days

Reason(R): PICC is an efficient route of administration of parenteral nutrition

- a) Both (A) and (R) are true and (R) is the correct explanation for (A).
- b) Both (A) and (R) are true but (R) is not the correct explanation for (A).
- c) (A) is true but (R) is false.
- d) (A) is false but (R) is true.
- e) Both A & R false

85. Assertion (A):Closed-loop obstruction is a type of small

bowel obstruction with a high risk of ischaemia.

Reason (R): It occurs when the bowel is obstructed at two closely positioned points, often due to an internal hernia or adhesional band.

a) Both A and R are true, and R is the correct explanation of A.

b) Both A and R are true, but R is not the correct explanation of A.

c) A is true, but R is false.

d) A is false, but R is true.

86. Assertion (A): Incisional hernias are a common complication of abdominal surgery

Reason (R): They occur due to inadequate wound healing

a) Both A and R are true, and R is the correct explanation of A

b) Both A and R are true, but R is not the correct explanation of A

c) A is true, but R is false

d) A is false, but R is true

87. Assertion (A): General anesthesia involves a reversible loss of consciousness

Reason (R): It primarily works by blocking pain signals

a) Both A and R are true, and R is the correct explanation of A

b) Both A and R are true, but R is not the correct explanation of A

c) A is true, but R is false

d) A is false, but R is true

88.Assertion(A): Biliary tract pathology is the most common source of liver abscesses.

Reason(R): The majority of liver abscesses occur due to contiguous spread from subphrenic collections.

- a) Both A and R are true, and R is the correct explanation of A.
- b) Both A and R are true, but R is not the correct explanation of A.
- c) A is true, but R is false.
- d) A is false, but R is true.

89. Assertion (A): Undescended testis (cryptorchidism) increases the risk of infertility and testicular cancer

Reason (R): The higher temperature in the abdomen impairs sperm development

- a) Both A and R are true, and R is the correct explanation of A
- b) Both A and R are true, but R is not the correct explanation of A
- c) A is true, but R is false
- d) A is false, but R is true

90.Assertion (A): Subacute thyroiditis is commonly associated with thyroid autoantibodies.

Reason (R): Subacute thyroiditis is often a self-limiting condition that follows a viral infection.

- A) Both A and R are true, and R is the correct explanation of A.
- B) Both A and R are true, but R is not the correct explanation

of A.

C) A is true, but R is false.

D) A is false, but R is true.

91.Assertion (A): Neutrophils are the first inflammatory cells to arrive at the wound site during the early inflammatory phase.

Reason (R): Neutrophils play a crucial role in wound healing by promoting fibroblast proliferation and angiogenesis.

A) Both A and R are true, and R is the correct explanation of A.

B) Both A and R are true, but R is not the correct explanation of A.

C) A is true, but R is false.

D) A is false, but R is true.

92.Assertion (A): Alkali burns are generally more destructive than acid burns.

Reason (R): Alkalis cause liquefactive necrosis, allowing deeper tissue penetration.

A) Both A and R are true, and R is the correct explanation of A.

B) Both A and R are true, but R is not the correct explanation of A.

C) A is true, but R is false.

D) A is false, but R is true.

93.Assertion (A): A high cervical spine injury can cause

respiratory arrest.

Reason (R): The diaphragm is supplied by the phrenic nerve, originating from C3-C5.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

94. Assertion (A): Sialolithiasis occurs more frequently in the submandibular gland than in the parotid gland.

Reason (R): Submandibular saliva is more mucous and alkaline and its duct opens against gravity.

a) Both A and R are true and R is the correct explanation of A

b) Both A and R are true but R is not the correct explanation of A

c) A is true but R is false

d) A is false but R is true

95. Assertion (A): In suspected upper GI bleeding, a nasogastric aspirate showing no blood rules out a duodenal ulcer bleed.

Reason (R): A competent pylorus can prevent blood from refluxing into the stomach.

a) Both A and R are true, and R is the correct explanation of A

b) Both A and R are true, but R is not the correct explanation of A

c) A is true, but R is false

d) A is false, but R is true

96. Assertion (A): Total Mesorectal Excision (TME) is the gold standard for middle and lower rectal cancers.

Reason (R): It removes the circumferential resection margin (CRM) and reduces local recurrence rates.

a. Both A and R are true, and R explains A

b. Both A and R are true, but R does not explain A

c. A is true, R is false

d. A is false, R is true

97. Assertion (A): A PSA velocity of >0.75 ng/ml/year is suspicious for malignancy even if total PSA is <4 ng/ml.

Reason (R): Benign Prostatic Hyperplasia (BPH) does not cause any elevation in PSA levels.

a. Both A and R are true, and R explains A

b. Both A and R are true, but R does not explain A

c. A is true, R is false

d. A is false, R is true

98. Assertion (A): Flexible sigmoidoscopy is contraindicated in acute sigmoid volvulus.

Reason (R): It carries a high risk of perforation during detorsion.

a. Both A and R are true, and R explains A

b. Both A and R are true, but R does not explain A

- c. A is true, R is false
- d. Both A and R are false

99. Assertion (A): Paradoxical Aciduria is seen in patients with severe Gastric Outlet Obstruction.

Reason (R): In dehydration, the kidney preserves Sodium by exchanging it for Hydrogen ions instead of Potassium.

- a. Both A and R are true, and R explains A
- b. Both A and R are true, but R does not explain A
- c. A is true, R is false
- d. A is false, R is true

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

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

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

101. Assertion: Around a quarter of acute appendicitis treated successfully with antibiotics needs surgery for recurrent symptoms in a year.

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

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

102.Assertion: About 5–10% of patients post-gastrectomy can develop symptoms of epigastric fullness, sweating, tachycardia, colic, and diarrhea after food

Reason: Early dumping syndrome is due to the high osmotic load of the food reaching small bowel

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

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

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

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

104.Assertion: A mesenteric cyst moves freely from the right lower quadrant to left upper quadrant.

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

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

105.Assertion: Radical excision is the treatment of choice for choledochal cysts.

Reasoning: Excision of the cyst reduces the rate of recurrent cholangitis and malignancy.

- a. Both Assertion and Reasoning are true, and the reasoning

is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

106.Assertion: Insulin resistance in postoperative patients is primarily caused by increased glucose production.

Reason: Decreased glucose uptake in peripheral tissues contributes significantly to insulin resistance.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

107.Assertion: Muscle wasting during the catabolic phase involves activation of the ubiquitin–proteasome pathway.

Reason: This pathway primarily enhances muscle protein synthesis.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

108.Assertion (A): Blood transfusions should be given to achieve a haemoglobin level of >10 g/dL in all patients.

Reason (R): Achieving a haemoglobin level of >10 g/dL has been shown to be unnecessary and associated with increased morbidity and mortality compared to lower target values.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

109.Assertion (A): Shaving immediately before surgery reduces the risk of surgical site infections (SSIs) compared to shaving the night before.

Reason (R): Shaving the night before surgery can lead to minor skin injury that enhances superficial bacterial colonization, thereby increasing the risk of SSIs.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning

is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

110.Assertion (A): Keloid scars extend beyond the boundaries of the original incision or wound and do not spontaneously regress.

Reason (R): Keloid scars contain excess collagen, which is arranged in a disorganized pattern

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

111.Assertion: A first-degree burn is characterised by redness, swelling, and pain.

Reason: It involves only the epidermis.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

112.Assertion: Escharotomy is performed to treat burns-induced compartment syndrome.

Reason: Escharotomy helps to reduce blood loss from the burn wound.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

113.Assertion: Mastitis is usual in lactating ladies.

Reason: Trauma to nipple during lactation occurs during weaning period.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

114.Assertion: All oral cancers originate from pre-existing lesions.

Reason: Erythroleukoplakia, proliferative verrucous leukoplakia (PVL), and dyskeratosis congenita are among the oral lesions with the highest risk for malignant transformation.

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

115.Assertion: Testicular torsion presents with acute sudden pain and swelling in the scrotum of adolescent age.

Reason: Testicular torsion occurs between 10 to 25 years.

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

116.Assertion: Around a quarter of acute appendicitis cases treated successfully with antibiotics need surgery for recurrent symptoms within a year.

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

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

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

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

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

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

Reasoning: Natural history of pilonidal disease is usually one

of regression.

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

119.Assertion: A mesenteric cyst moves freely from the right lower quadrant to the left upper quadrant.

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

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

120.Assertion: Radical excision is the treatment of choice for choledochal cysts.

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

- a. Both Assertion and Reasoning are true, and the reasoning

is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

121.Assertion: Gas gangrene presents with pain, swelling, crepitus, and systemic toxicity.

Reason: Presence of crepitus is due to gas production from anaerobic bacterial metabolism.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

122.Assertion: Mammography is the first-line investigation for all breast lumps.

Reason: Mammography is highly sensitive in detecting breast lumps.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning

is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

123.Assertion: Varicose veins are due to venous valve incompetence.

Reason: Failure of venous valves leads to retrograde blood flow and venous stasis.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

124.Assertion: A tension pneumothorax should be treated with immediate chest tube placement or needle decompression.

Reason: Needle decompression is the definitive treatment for pneumothorax.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

125.Assertion: Total thyroidectomy is the preferred treatment for papillary thyroid carcinoma.

Reason: Because papillary carcinoma is an undifferentiated tumour.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

126.Assertion: Physiological relaxation of lower esophageal sphincter in response to stretching of gastric fundus particularly after a meal to allow venting of swallowed air is called transient LES relaxations (TLOSRS)

Reason: An increased number of TLOSRS and more compliant LOS would decrease reflux.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not

applicable as A by itself is false

127.Assertion: One of the characteristics of *H. pylori* is its ability to hydrolyze urea, resulting in production of ammonia

Reason: The effect of ammonia on antral G cells is to cause inhibition of gastrin via a negative feedback mechanism.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

128.Assertion: The best way to easily diagnose small bowel obstruction is by identifying multiple air-gas shadows on X-ray of abdomen

Reason: Multiple air-gas shadows indicate the presence of trapped gas within the obstructed small intestine, which helps in diagnosing small bowel obstruction.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not

applicable as A by itself is false

129.Assertion: Pigmented stones are primarily formed in the common bile duct

Reason: Pigmented stones are due to differences in the ratio of bile acids to cholesterol.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

130.Assertion: Investigation of choice for diagnosing DVT is D-dimer

Reason: A positive D-dimer test mandates further investigation with Doppler USG to confirm the diagnosis of DVT.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

131.Assertion (A): Misoprostol can be given for cervical

ripening in a woman with previous LSCS

Reason (R): Previous LSCS is always an indication for elective LSCS

- a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.
- b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.
- c. Assertion is true, but the Reasoning is false.
- d. Both Assertion and Reason are false

132.Assertion: For a patient with acute limb ischemia, a thorough cardiology evaluation is mandatory

Reason: Source of emboli are left atrium in cardiac arrhythmia and mural thrombus following MI

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

133.Assertion: A patient with Achalasia cardia typically presents with dysphagia, regurgitation, and heartburn

Reason: There is a failure of contraction of LES in Achalasia

Cardia

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

134.Assertion: A 50-year-old female singer, post-thyroidectomy, complains of not being able to sing in high-pitch voice

Reason: Recurrent laryngeal nerve injury is a common cause of vocal cord paralysis post-thyroidectomy

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

135.Assertion: A 70-year-old male presented with abdominal distension, vomiting, and obstipation for 2 days. X-ray abdomen showed a coffee bean sign

Reason: Paralytic ileus is a state in which there is failure of transmission of peristaltic waves secondary to

neuromuscular failure

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

136.Assertion: Laparoscopic cholecystectomy is preferred over open cholecystectomy.

Reason: It is associated with a shorter recovery time.

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

137.Assertion: Octreotide is used in the management of variceal bleeding.

Reason: It reduces splanchnic blood flow and portal pressure.

- a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.
- b. Both Assertion and Reasoning are true, but the reasoning

is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

138.Assertion: ERCP is a diagnostic tool for choledocholithiasis.

Reason: ERCP allows both visualization and therapeutic intervention.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

139.Assertion:*H. pylori* infection is a common cause of peptic ulcer disease.

Reason:*H. pylori* increases gastric acid secretion significantly.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

140.Assertion: In general anesthesia, rapid sequence induction is the induction technique of choice in any surgery requiring endotracheal intubation.

Reason: The airway is secured quickly to prevent the risk of aspiration of gastric contents.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

141.Assertion: In cholecystectomy, when there is bleeding adjacent to Calot's triangle, pressure should be applied instead of blind clamping.

Reason: Common bile duct injury is a serious complication of cholecystectomy.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not

applicable as A by itself is false

142.Assertion: In patients with carcinoma of the colon, the level of tumor marker CEA is measured.

Reason: CEA is a highly specific and sensitive tumor marker.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

143.Assertion: In a patient with appendicular mass who is clinically stable, standard treatment is the non-operative regimen called Ochsner-Sherren regimen.

Reason: As an appendicular mass is inflammatory, surgery is difficult and associated with complications.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

144.Assertion: Colonoscopy is the preferred method for screening of colorectal cancer in high-risk patients

Reason: Colonoscopy allows for direct visualization and biopsy of colorectal lesions.

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

145.Assertion: The apple core sign on barium enema is characteristic of colorectal cancer

Reason: This sign occurs due to the presence of an annular mass that narrows the lumen of the colon, indicative of a malignant lesion

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

146.Assertion: Most common cause of upper GI bleed is peptic ulcer disease

Reason: Peptic ulcers can erode into blood vessels causing bleeding in the stomach or duodenum

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

147.Assertion: Colon cancer is the most common type of GI malignancy

Reason: Colon cancer usually presents with weight loss, changes in bowel habit and blood in stool

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

148.Assertion: A high-fibre diet is helpful in the management of diverticular disease

Reason: A high-fibre diet prevents constipation, which is a key factor in the development of diverticulosis

- a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

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

149.Assertion (A): Thyroid nodule moves up with deglutition

Reason (R): Condensation of pretracheal fascia attaches to cricoid cartilage

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

150.Assertion (A): Excision and eversion of tunica vaginalis sac is done in hydrocele

Reason (R): Hydrocele is the accumulation of fluid under the tunica vaginalis due to excess secretion

- a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.
- b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.
- c. Assertion is true, but the Reasoning is false.
- d. Assertion is false, but the Reasoning is true, but not

applicable as A by itself is false

151.Assertion (A): Septic shock is mostly seen in gram-negative bacterial infections

Reason (R): Exotoxin is released by gram-negative bacteria

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

152.Assertion (A): A patient following a road traffic accident lost consciousness in five minutes and regained it after some time. But later in the hospital he had loss of consciousness again

Reason (R): Patient is having extradural hematoma with lucid interval

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

153.Assertion (A): Crystalloids are preferred for initial 24 hours resuscitation in burns patient

Reason (R): In initial 24 hours colloids will leak out due to high capillary permeability

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

154.Assertion (A): Fistula in ano is a chronic abnormal communication running outward from the sigmoid colon lumen to the external skin.

Reason (R): Usually results from cryptoglandular abscess.

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

155.Assertion (A): Damage to the iliohypogastric nerve (during appendicitis) is a cause of inguinal hernia.

Reason (R): Due to weakness of the conjoint tendon.

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

156.Assertion (A): Kehr's Sign is seen in splenic rupture.

Reason (R): Periumbilical pain is present due to irritation of dermatomes.

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

157.Assertion (A): A nasogastric tube should be placed in a patient with suspected carcinoma breast.

Reason (R): NG tube will help to decompress the stomach.

- a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.
- b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

- c. Assertion is true, but the Reasoning is false.
- d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

158.Assertion (A): A sentinel lymph node biopsy is often performed during melanoma.

Reason (R): Identifying the sentinel lymph node allows for accurate staging of the cancer and guides further treatment.

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

159.Assertion (A): Within 48 hours of skin grafting, most of the skin graft survives.

Reason (R): It is due to plasma imbibition.

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

160.Assertion (A): If suture marks are to be prevented, skin sutures should be removed by 1 week.

Reason (R): It is due to usage of polyfilament sutures.

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

161.Assertion (A): Neurofibromatosis-2 is associated with Schwannoma.

Reason (R): Adenoma sebaceum is a feature of tuberous sclerosis.

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

162.Assertion: A mesenteric cyst moves freely from the right lower quadrant to the left upper quadrant.

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

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

163.Assertion: Gallbladder polyps of size >1 cm is an indication for prophylactic cholecystectomy.

Reason: GB polyp has no risk for malignancy irrespective of its size.

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

164.Assertion: Barrett's oesophagus increases the risk of GEJ adenocarcinoma.

Reason: Barrett's oesophagus is the metaplastic change in the mucosa of the oesophagus as a result of GERD.

- a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

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

165.Assertion: Most common site of abdominal tuberculosis is the ileocecal region.

Reason: Peyer's patches are commonly seen in this region.

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

166.Assertion: Appendiceal NETs are the most common neoplasm in the appendix.

Reason: An oncological right hemicolectomy should be performed for tumours greater than 20 mm in size.

- a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.
- b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.
- c. Assertion is true, but the Reasoning is false.
- d. Assertion is false, but the Reasoning is true, but not

applicable as A by itself is false

167.Assertion: Prevention of dilutional coagulopathy is central to damage control resuscitation.

Reason: Resuscitation with a balanced transfusion regimen which approximates that of whole blood is ideal.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

168.Assertion: Extranodal extension is included in TNM staging and will upstage N-stage in oral cavity squamous cell carcinoma (SCC).

Reason: N2 lesions are grouped as stage IV.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

169.Assertion: Risk of amputation in arterial claudication patients is 50% in 5 years.

Reason: Two main aims of treatment of claudication are prevention of cardiovascular morbidity and symptom improvement.

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

170.Assertion: In Graves' disease with large goiter and , thyroidectomy is the preferred method of ablation.

Reason: Radioactive iodine ablation may exacerbate .

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

171.Assertion: Inflammatory processes lead to increased capillary permeability maximally in the first 24 hours post-burn.

Reason: Fluid resuscitation with colloid should be done after

12 hours post-burn.

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

172.Assertion: Gastric volvulus commonly presents with severe epigastric pain and vomiting.

Reason: Gastric volvulus occurs due to abnormal rotation of the stomach around its axis, leading to obstruction.

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

173.Assertion: Benign Prostatic Hyperplasia (BPH) commonly affects the transitional zone of the prostate.

Reason: The transitional zone surrounds the urethra and is the primary site of hyperplastic changes in BPH.

- a. Both Assertion and Reasoning are true, and the reasoning

is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

174.Assertion: Gallstones can remain asymptomatic for a lifetime in many individuals.

Reason: Small gallstones are more likely to cause symptoms than large ones.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

175.Assertion: Rovsing's sign is positive in acute appendicitis.

Reason: Rovsing's sign is elicited by deep palpation of the left lower quadrant, which causes induced pain in the right lower quadrant.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning

is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

176.Assertion: Propofol is commonly used for the induction of general anesthesia.

Reason: Propofol provides rapid onset and smooth induction with antiemetic properties.

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

177.Assertion (A): Ketoacidosis is one of the serious complications in pregestational diabetes

Reason (R): Hyperglycemia and ketosis lead to volume depletion and metabolic acidosis

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

178.Assertion (A): New onset proteinuria is indicative of preeclampsia and is irreversible

Reason (R): Hypertension starts appearing only after 20 weeks in preeclampsia

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

179.Assertion (A): Intrahepatic cholestasis of pregnancy is the most common liver disease in pregnancy

Reason (R): Salt restriction and sunlight exposure can prevent ICP incidence

a. Both Assertion and Reasoning are true, and the reasoning is a correct explanation of the assertion.

b. Both Assertion and Reasoning are true, but the reasoning is NOT a correct explanation of the assertion.

c. Assertion is true, but the Reasoning is false.

d. Assertion is false, but the Reasoning is true, but not applicable as A by itself is false

180.Assertion (A): In normal pregnancy, a woman needs

about 900 mg of iron

Reason (R): Depleted maternal iron stores can lead to fetal anemia in the first year of life

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

181.Assertion: In patients undergoing gastrectomy, anemia is a common complication in the late postoperative period.

Reason: The stomach plays a vital role in iron and B12 absorption, and either or both can become deficient after gastrectomy.

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

4. CLINICAL SCENARIO BASED

1. A 40-year-old male patient, a chronic smoker, complains of intermittent claudication involving the right lower limb and black discoloration of the little toe of 2 weeks duration. Clinical examination revealed gangrene of the right little toe and absent pulsation of the posterior tibial and dorsalis pedis artery. His random blood sugar is 100mg/dl.

1. What is the most probable diagnosis:

- a) Embolism
- b) Atherosclerosis
- c) TAO
- d) Diabetic foot

2. Which investigation to be done initially to assess the vascularity of the limb:

- a) Angiography
- b) Doppler Study
- c) Plethysmography
- d) DSA

3. What is the pathological cause for ischemia :

- a) Thrombosis
- b) Embolism
- c) Pan arteritis
- d) Anaerobic infection

4. Which of the following is associated with this condition :

- a) Superficial thrombosis
- b) Leriche syndrome
- c) Calcification of femoral artery
- d) Hypertension

5. Angiogram done in this patient revealed obstruction below popliteal artery and the treatment recommended is :

- a) Below knee amputation
- b) Vasodilators
- c) Excision of little toe
- d) Excision of little toe and vasodilators

II. A 53-year-old woman gives a history of tiredness, aching, and a feeling of heaviness in the left lower leg for the past 3 months. These symptoms are relieved by leg elevation, she is also awakened frequently by calf and foot cramping, which is relieved by leg elevation, walking, or massage. On physical examination there are superficial varicosities, non pitting edema, and a slightly painful, 2 cm. diameter superficial ulcer cm. above and behind the left medial malleolus.

1. What is the most appropriate diagnosis?

- a) Isolated symptomatic varicose veins.
- b) Superficial lymphatic obstruction.
- c) Deep venous insufficiency.
- d) Incompetent perforating veins.

2. The investigations done include all except

- a) Duplex ultrasound imaging
- b) USG Abdomen
- c) Ambulatory venous pressure studies
- d) CT (L) leg

3. The best treatment plan for the patient described should include:

- a) Varicose vein ligation and stripping as soon as possible.
- b) Ulcer debridement, vein stripping, and skin grafting.
- c) Leg elevation, external support, and ambulation without standing
- d) Transposition of saphenous vein valve..

4. Trendelenburg's operation is

- a) Ligation of all named and unnamed tributaries of great saphenous vein at its termination and f ligation of the saphenofemoral junction and removal of terminal 7 cms of great saphenous vein
- b) Ligation of all named and unnamed tributaries of great saphenous vein at its termination and t ligation of the saphenofemoral junction and removal of terminal 7 cms of great saphenous vein plus s saphenous vein
- c) Ligation of all named and unnamed tributaries of great saphenous vein at its termination flush ligation of the

saphenofemoral junction and removal of terminal 7 cms of great saphenous vein multiple ligation of perforators

d) None of the above

5. In patients who develop a documented episode of deep venous thrombosis (DVT) the most significant long-term sequale is:

a) Claudication.

b) Recurrent foot infections.

c) Development of stasis ulcer.

d) Pulmonary embolization

III.A 48-year-old postmenopausal woman presents with a painless lump in the right breast for 3 months, progressively increasing in size. There is no history of nipple discharge or trauma, and no constitutional symptoms. On examination: A 3 × 2 cm hard, irregular lump is present in the upper outer quadrant of the right breast. The lump shows restricted mobility. Overlying skin is normal. A single ipsilateral axillary lymph node (~1.5 cm, firm, mobile) is palpable.

Mammography and ultrasound: BIRADS 4B. Core needle biopsy showing -Invasive ductal carcinoma with HER2/neu receptor positive. Metastatic workup: No distant metastasis

Pre Anaesthetic Evaluation: --Known hypertensive on treatment, well controlled Good functional capacity. Airway assessment: Adequate mouth opening. On inspection, soft

palate and base of uvula are visible; faucial pillars are not seen.

[Fill in blanks pattern]

- 1) What is the TNM stage of this patient? **Stage IIB (T2N1M0)**
- 2) What is the probability of malignancy in a BIRADS 4B lesion. **10% to 50%**
- 3) What is the Mallampati grade in this patient? **Grade III**
- 4) What is the ASA physical status classification? **ASA Class II**
- 5) What is the most appropriate Treatment. **Modified Radical Mastectomy (MRM)**

IV. A 54-year-old female presents with a painless lump in the right breast for 3 months. On examination, the lump is hard, irregular, and the lump moves along with breast tissue. Right axillary lymph nodes are palpable.

- 1) Most likely diagnosis:
 - A. Fibroadenoma
 - B. Breast cyst
 - C. Carcinoma breast

D. Lipoma

2) Most important prognostic factor:

A. Tumour size

B. Lymph node status

C. Age

D. Pain

3) Best investigation to conform your diagnosis:

A. Mammography

B. MRI brain

C. CT scan

D. FNAC/core biopsy

4) Peau d'orange occurs due to:

A. Infection

B. Lymphatic obstruction

C. Venous obstruction

D. Necrosis

5) Most common histological type:

A. Lobular carcinoma

B. Medullary carcinoma

C. Ductal carcinoma

D. Sarcoma

V. A 30 year old man presented to OPD with complaints of painless bleeding per rectum, while defecation. He had noticed bright red blood in the commode, occurring as a splash. He also complains of mass protruding per rectum which needs to be replaced after defecation

1. What is the probable diagnosis?

- A. Rectal prolapse
- B. Carcinoma anal canal
- C. Rectal polyp
- D. Haemorrhoids

2. How will you grade this condition?

- A. Grade I
- B. Grade II
- C. Grade III
- D. Grade IV

3. Complication/s associated with this condition

- A. Thrombosis
- B. Local invasion
- C. Malignant transformation
- D. A&C

4. Investigation done prior to surgical management include

- A. MRI abdomen and pelvis

B. Colonoscopy

C. CECT abdomen and pelvis

D. Biopsy from the mass

VI.A 50yrs old male who is an alcoholic presented with slow growing mass in (R) hypochondrium. H/o cirrhosis present. Associated with anorexia, anemia, loss of weight and abdominal pain, on & off low grade pyrexia. Diagnosis of hepatoma is made

1. All are modes of spread except

a) Direct infiltration

b) Lymphatic spread

c) Hematogenous spread

d) Bony spread

2. Investigation of choice is

a) CBC

b) USG

c) CECT (triple phase)

d) AFP

3. All are true about fibrolamellar carcinoma except

a) Equal in both sexes

b) central necrosis seen

c) good prognosis

d) less resectability rate

4. Treatment of HCC includes all except

a) surgical resection

b) TACE

c) Systemic chemotherapy

d) none of the above

5. Posterolateral segments of liver includes

a) V, VIII

b) VI, VII

c) III, IV

d) II

VII. A 35-year-old man presents with episodic headache, palpitations, and sweating. His blood pressure during attacks is 210/110 mmHg. Between episodes BP is normal. On examination mucosal gangliomas present.

i. Most probable diagnosis

A. Pheochromocytoma

B. Carcinoid syndrome

C. Thyrotoxicosis

D. Hyperparathyroidism

ii. Most common associated syndrome

- A. MEN 2A
- B. MEN 2B
- C. Zollinger - ellison syndrome
- D. Werner's syndrome

iii. Which is the first drug to be started preoperatively for this patient?

- A. Phenoxybenzamine
- B. Atenolol
- C. Propranolol
- D. Thyroxine

iv. Diagnostic test

- A. TFT
- B. Serum metanephrines
- C. CEA
- D. 5 HIAA

v. Which of the following is a perioperative complication

- A. Thyroid storm
- B. Hypertensive crisis
- C. Adrenal crisis
- D. Pituitary hemorrhage

VIII. A 4-week-old male infant is brought to the emergency

department with a history of recurrent non-bilious projectile vomiting after feeds. The baby is hungry after vomiting and has not gained weight adequately. On examination, there is visible peristalsis and a palpable "olive-shaped" mass in the epigastrium.

i. What is the most likely diagnosis

- a) Gastroesophageal reflux
- b) Congenital hypertrophic pyloric stenosis**
- c) Intestinal atresia.
- d) Malrotation

ii. What is the initial imaging modality to confirm your diagnosis

- a) Abdominal X-ray.
- b) Abdominal CT scan.
- c) Abdominal ultrasound.**
- d) Barium study

iii. What is the primary pathophysiological mechanism causing the symptoms

- a) Infection
- b) Inflammation.
- c) Gastric outlet obstruction.**
- d) Malabsorption

iv. What is the initial treatment approach in a stable patient

- a) Immediate surgery.
- b) Fluid and electrolyte correction followed by surgery.**

c) Antibiotics.

d) Observation only

v. What is a common metabolic abnormality seen in this condition

a) Metabolic acidosis

b) Hypokalaemia hypochloremic metabolic alkalosis.

c) Hyperkalaemia.

d) Respiratory acidosis

IX.A 65-year-old male, chronic smoker and diabetic, presents to the surgery OPD with pain in the right calf while walking, which is relieved by rest. Over the past 2 months, he has developed rest pain in the foot, especially at night, and a painful ulcer over the tip of the great toe.

On examination, the limb is cold, pale, with shiny skin and loss of hair. Peripheral pulses (dorsalis pedis and posterior tibial) are absent. The ulcer has a punched-out appearance with a pale base. Ankle-Brachial Index (ABI) is 0.4.

i. What is the most likely diagnosis?

a) Venous ulcer

b) Neuropathic ulcer

c) Peripheral arterial occlusive disease

d) Vasculitis

ii. What is the most likely underlying cause?

a) Deep vein thrombosis.

b) Atherosclerosis

c) Lymphatic obstruction.

d) Infection

iii. Which investigation is most useful initially to assess severity?

a) Venous Doppler.

b) CT angiography

c) Ankle-Brachial Index.

d) X-ray limb

iv. Which feature suggests critical limb ischemia?

a) Intermittent claudication.

b) Pain relieved by walking

c) Rest pain and ulceration.

d) Presence of varicose veins

v. What is the best definitive management in this patient?

a) Oral antibiotics alone.

b) Compression therapy

c) Revascularization (angioplasty or bypass surgery).

d) Limb elevation

X. A 50 year old care home nurse presented with unexplained weight loss and occasional mild fever. She has malena on and off and decreased appetite and occasional pain abdomen and vomiting. She gives history of treatment for lupus vulgaris.

O/E - She had multiple cervical nodes enlarged, mild

abdominal distension with free fluid and doughy consistency. Bowel sounds were exaggerated.

1.What is the most probable diagnosis.**Abdominal Tuberculosis**

2.Radiological screening investigations for the suspected disease.CXR, USG abdomen

3.Diagnostic investigations for the surgical condition.Contrast-Enhanced CT (CECT) Abdomen and pelvis, Diagnostic paracentesis with ascitic fluid analysis (ADA levels, PCR, AFB culture, and SAAG ratio < [1.1](#)), and cervical lymph node excisional biopsy.

4.Nutritional Assessment and pre operational optimization techniques.

Subjective Global Assessment (SGA) score, BMI calculation, and serum albumin tracking for nutritional assessment.Pre operational optimization techniques include nutritional replenishment via Enteral/Total Parenteral Nutrition (TPN), aggressive fluid-electrolyte balancing, and blood transfusions (if severe anemia is present.)

5.Management options- Mainline is Anti-Tubercular Therapy (ATT). Surgical intervention (adhesiolysis, stricturoplasty, or limited bowel resection) is strictly indicated only for complications.

XI.A 48-year-old woman presents with a painless thyroid swelling for 6 months. Examination reveals a solitary thyroid nodule measuring 2 cm, firm and mobile. No cervical lymphadenopathy.

1.First investigation for evaluation

- a) FNAC
- b) Ultrasound thyroid
- c) CT neck
- d) Thyroid scan

2.Most common malignancy in solitary thyroid nodule

- a) Follicular carcinoma
- b) Medullary carcinoma
- c) Papillary carcinoma
- d) Anaplastic carcinoma

3.If FNAC suggests papillary carcinoma, the most common route of spread is

- a) Hematogenous
- b) Lymphatic
- c) Perineural
- d) Transcoelomic

4.After total thyroidectomy, the most sensitive marker for

recurrence is

- a) TSH
- b) Serum calcitonin
- c) Serum thyroglobulin**
- d) Serum calcium

5. Post-thyroidectomy hypocalcemia occurs due to injury to

- a) Recurrent laryngeal nerve
- b) Superior laryngeal nerve
- c) Parathyroid glands**
- d) Thyroid artery

XII. A 70-year-old obese man presents to the surgery OPD with complaints of chronic right foot ulcer non healing. On examination severe tenderness present, punched out ulcer with healthy granulation. Peripheral pulses not palpable below popliteal artery. Arterial Doppler showed mono-phasic flow below popliteal level.

(i) What is the most likely cause of ulcer in this patient.

- a) Arterial insufficiency**
- b) Autoimmune disease
- c) Pressure Sore
- d) Venous hypertension

(ii) Which is the best treatment for this patient

- a) Oral antibiotics and collagen dressing**

b) hyperbaric oxygen therapy

c) **Saline dressing, antiplatelet and statins**

d) Grade II compression stockings

(iii) Which of the following features would most suggest an ulcer is venous rather than arterial in origin

a) Pale base with punched – out edge and absent distal pulse

b) Located near the foot in dorsal aspect

c) Painful ulcer

d) **Shallow ulcer with irregular margin**

(iv) What is the action of atorvastatin in this case

a) Reducing the chance of liver failure

b) Reduces the obesity

c) **Plaque stabilizer**

d) Antiplatelet action

(v) Which of the following condition can the patient have

a) MEN Syndrome

b) **Leriche Syndrome**

c) Turner Syndrome

d) Alport Syndrome

XIII.A 3-year-old boy is brought with an empty right scrotum since birth.

The testis is palpable in the inguinal region.

1.What is the difference between undescended and ectopic

testis?

An **undescended testis** is one which is arrested somewhere along its normal physiological path of descent (abdominal, inguinal canal, or high scrotal). An **ectopic testes** is one which is located at a abnormal anatomical location NOT along it's normal physiological path(e.g., perineal, femoral, or superficial inguinal pouch).

2.What are the risks if untreated? Permanent infertility/sterility, significantly increased risk of testicular malignancy (seminoma), increased vulnerability to testicular torsion.

3.When should surgery be done? **between 6 to 12 months of age**, and ideally completed before 18 months.

4.What is orchidopexy? Orchidopexy is a surgical procedure to correct an undescended testis involving mobilization of the testis and spermatic cord, division of any cremastic/tethering bands, relocation of the testis into the scrotum.

5.Role of hormonal therapy? Is limited. hCG or GnRH analogues are occasionally considered for low-lying bilateral retractile testicles, but have very low efficacy for true anatomical cryptorchidism and are not substituted for surgery.

XIV.A 58-year-old obese woman presents to the surgery OPD

with complaints of chronic leg swelling, skin discoloration, and a non-healing ulcer near the medial malleolus of her right leg for the past 3 months. On examination, she has prominent, tortuous varicosities along the distribution of the great saphenous vein, hyperpigmentation and induration of the skin in the gaiter area, and a shallow ulcer with irregular margins and granulating base. Duplex ultrasound reveals saphenofemoral junction incompetence and multiple incompetent perforators in the lower leg, with normal deep venous flow.

i. What is the most likely cause of the ulcer in this patient

- a) Arterial insufficiency
- b) Pressure sore
- c) Neuropathic ulcer
- d) Venous hypertension due to valvular incompetence

ii. Which is the best definitive treatment strategy for this patient's condition

- a) Oral antibiotics and zinc dressings
- b) Compression therapy alone
- c) High ligation and stripping of the long saphenous vein with perforator ligation
- d) Hyperbaric oxygen therapy

iii. Which of the following features would most suggest an

ulcer is arterial rather than venous in origin

- a) Shallow ulcer with irregular margin
- b) Located near the medial malleolus
- c) Presence of surrounding skin hyperpigmentation
- d) **Pale base with punched-out appearance and absent distal pulses**

iv. Which of the following best describes the mechanism of action of sclerotherapy in the treatment of varicose veins

- a) Thermal ablation of the venous wall
- b) Mechanical removal of the vein
- c) **Chemical irritation leading to endothelial damage and vein sclerosis**
- d) Compression of the vein using external bandages only

v. Which of the following is a recognized complication of great saphenous vein stripping

- a) **Deep vein thrombosis**
- b) Myocardial infarction
- c) Pulmonary fibrosis
- d) Stroke due to carotid artery injury

XV. A 24 year old man is brought to the ED after an RTA. He c/o left upper quadrant pain and left shoulder pain. O/E:-

PR-118/mt, BP-90/60mmHg, FAST positive. He receives 1 liter warmed crystalloid and 2 units PRBCs. BP improves to

98/60mmHg but drops again to 82/50 mmHg. He is taken up for emergency laparotomy.

1.The patient is best classified as:-

- a. Hemodynamically stable
- b. Hemodynamically unstable non responder
- c. Hemodynamically unstable, transient responder**
- d. Compensated shock

2.Which finding on CT would most strongly predict failure of non-operative management?

- a. Subcapsular hematoma
- b. Contrast blush**
- c. Left pleural effusion
- d. Splenic laceration >2cm

3.A patient undergoing splenectomy is at increased risk of infection with:-

- a. Staphylococcus aureus
- b. M.Tuberculosis
- c. E-coli
- d. Encapsulated organisms**

4.Postoperatively, the patient develops confusion, hypothermia, INR [2.1](#) and pH [7.21](#). This represents

- a. Septic Shock
- b. Abdominal compartment syndrome
- c. Transfusion reaction

d. Lethal triad of trauma

5. During resuscitation, the team activates a massive transfusion protocol (MTP). The optimal transfusion strategy is:-

a. 3 units of PRBC: 1 unit FFP

b. 1:1:1 ratio of PRBC: FFP:platelets

c. PRBC only till Hb>10g/dL

d. Crystalloids followed by PRBCs only

XVI. Answer the following clinical cases:

1.45 year old man with history of fall from tree is diagnosed with flail chest. Which of the following is not an immediate treatment option?

a. ICD insertion

b. Analgesics and prophylactic antibiotics

c. Positive pressure ventilation

d. Pleurodesis

2.34 year old male met with an accident and was brought to casualty with signs of shock. Investigations showed massive splenic injury. Best treatment

a. Continue conservative treatments

b. Peritoneal packing

c. Laparoscopic splenic repair

d. Splenectomy

3. A 18 year old boy came with complaints of abdominal pain

of 5 days duration. Ultrasound scanning shows appendicitis with no abscess. What is the best option

- a. Emergency open appendicectomy
- b. Right hemicolectomy
- c. Keep Nil per oral with IV fluids & antibiotics
- d. Emergency laparoscopic appendicectomy**

4. A 70 year old man with sudden onset abdominal distension and constipation

- a. Crohn's disease
- b. Acute appendicitis
- c. Sigmoid volvulus**
- d. Abdominal TB

5. A 35 year old man presents with History of bleeding per rectum with a mass going in with pressure. Grade of internal haemorrhoids is

- a. Grade 1
- b. Grade 3**
- c. Grade-2
- d. Grade 4

XVII. 45 year old male patient presented with upper abdominal pain and vomiting of one day duration. Pain radiating to back. There is history of alcohol intake 2 days back. On examination there is tachycardia, mild abdominal distension and tenderness with guarding in epigastrium.

i)What is the most probable diagnosis

a)Cholecystitis

b) Pancreatitis

c) cholelithiasis

d) Liver abscess

ii)Which enzyme is more sensitive and specific for this condition?

A. AST

B. ALT

C. Amylase

D. Lipase

iii)Best imaging modality if diagnosis is uncertain:

A. Ultrasound

B. X-ray abdomen

C. Contrast-enhanced CT

D. MRI

iv) Initial management in this scenario is

A. Immediate surgery

B. Conservative treatment

C. ERCP in all patients

D. Routine antibiotics

v) Most commonly used scoring system in this condition

A) Alvarado

B) Apgar

C) Ranson

D) LRINEC

XVIII. 24 years old male patient presented to emergency after a road traffic accident. On arrival, patient was giving confused responses, able to localise pain and eye opening to pain. Vitals: PR-100/min, BP: 70/40mmHg, Spo2- 90% in room air, tachypneic, decreased air entry right side of the chest.

i) The first-line therapy in any shock patient is:

- A. Inotropic support
- B. Oxygen therapy
- C. Intravenous access and fluid resuscitation**
- D. Vasopressor infusion

ii) The best practical indicator of organ perfusion and adequacy of resuscitation is:

- A. Central venous pressure
- B. Urine output**
- C. Mean arterial pressure
- D. Lactate level

iii) GCS score of this patient

- A. 10
- B. 11**
- C. 12
- D. 13

iv) Flail chest is defined as:

- A. Fracture of two ribs in one place**

B. Fracture of three or more ribs in two or more places

C. Single rib fracture with pneumothorax

D. Bilateral rib fractures

v) A patient with a suspected tension pneumothorax should be managed with:

A. CT scan confirmation before treatment

B. High-flow oxygen and observation

C. Immediate needle decompression

D. Intubation and nasogastric tube insertion

XIX.A 58-year-old male presents with painless gross hematuria. Clinical examination reveals a left-sided varicocele that does not reduce on lying down.

i. What is the most likely clinical diagnosis?

a) Left Renal Calculus

b) Left Renal Cell Carcinoma (RCC)

c) Transitional Cell Carcinoma of Bladder

d) Left Pyonephrosis

ii. The non-reducing varicocele implies:

a) Thrombosis of the Inferior Vena Cava

b) Tumor invasion into the Left Renal Vein blocking the Gonadal Vein

c) Retroperitoneal Fibrosis

d) Compression of the Iliac Vein

iii. Which imaging modality is the gold standard for staging this condition?

- a) USG Abdomen
- b) Contrast-Enhanced CT (CECT) Abdomen**
- c) MRI Abdomen
- d) DMSA Scan

iv. If the thrombus extends into the IVC above the hepatic veins (Level III), the surgical approach is:

- a) Radical Nephrectomy only
- b) Radical Nephrectomy with IVC thrombectomy requiring liver mobilization**
- c) Angio-embolization
- d) Partial Nephrectomy

v. A common paraneoplastic syndrome associated with this condition involving hepatic dysfunction is:

- a) Cushing's Syndrome
- b) Stauffer's Syndrome**
- c) Polycythemia
- d) Hypercalcemia

XX. A 45-year-old man presents with recurrent upper quadrant pain associated with no fever. On examination there is Enlargement of liver with no palpable gall bladder. USG showed a cyst in the right liver and eosinophilia

i. What is the most probable diagnosis?

- a. Simple liver cyst
- b. Hydatid cyst of liver**
- c. Amoebic liver abscess

d. Hepatocellular carcinoma

ii. What is the most probable organism implicated

a. Entamoeba Histolytica

b. Echinococcus Granulosis

c. Echinococcus multilocularis

d. Fasciola Hepaticus

iii. All the following are classic findings in Investigations except

a. Increased AFP

b. 5 arc patterns in counter current immune electro fluorescence

c. Cartwheel sign on USG

d. Split wall sign on CT scan

iv. what is the Best treatment for this condition

a. Cystopericystectomy

b. PAIR

c. Medical treatment

d. Radiotherapy

v. The best drug used in medical treatment is

a. Metronidazole

b. Albendazole

c. Tinidazole

d. Praziquantel

XXI. A 68-year-old man presents with weight loss, jaundice, and itching all over for two months. On examination, there is

enlargement of the liver with a palpable gallbladder.

1. What is the most probable diagnosis?

- a. Pancreatic head cancer
- b. Periapillary Cancer
- c. Both A & B are likely
- d. Klatskin Tumour

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

- a. Hemoglobin of 8 gm/dl
- b. Serum albumin of 2 gm/dl
- c. INR of [2.8](#)
- d. Serum Alkaline Phosphatase of 30 units

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

- a. AFP
- b. CEA
- c. CA [19-9](#)
- d. LDH

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

- a. Troisier's Sign
- b. Trousseau's Sign
- c. Double Duct Sign
- d. All of the Above

5. True about this condition

- a. Obstruction of Duodenum occurs in 15%
- b. In those with metastases survival is only 18–24 months
- c. Diabetes Mellitus is not a risk factor

d. Long-term relief of jaundice occurs after ERCP with plastic stents

XXII. A 45-year-old man presents with recurrent upper quadrant pain associated with no fever. On examination, there is enlargement of the liver with no palpable gallbladder. USG showed a cyst in the right liver and eosinophilia.

1. What is the most probable diagnosis?

- a. Simple liver cyst
- b. Amoebic liver abscess
- c. Hydatid cyst of liver
- d. Hepatocellular carcinoma

2. What is the most probable organism implicated?

- a. *Entamoeba histolytica*
- b. *Echinococcus granulosus*
- c. *Echinococcus multilocularis*
- d. *Fasciola hepatica*

3. All the following are classic findings in investigations except:

- a. Increased AFP
- b. 5 arc patterns in counter current immune electrofluorescence
- c. Cartwheel sign on USG
- d. Split wall sign on CT scan

4. What is the best treatment for this condition?

- a. Cystopericystectomy

- b. PAIR
- c. Medical treatment
- d. Radiotherapy

5. The best drug used in medical treatment is:

- a. Metronidazole
- b. Albendazole
- c. Tinidazole
- d. Praziquantel

XXIII. A 75-year-old male is brought to the casualty with gross abdominal distension and constipation of 4 days' duration. He has altered bowel habits and history of passing blood and mucus per rectum for the last 4 months.

1. Which of the following doesn't fit in as the diagnosis for the above scenario?

- A. Carcinoma rectum
- B. Carcinoma sigmoid
- C. Carcinoma splenic flexure
- D. Diverticulitis

2. In which of the following is the Sister Mary Joseph nodule commonly seen?

- A. Stomach cancer
- B. Ovarian cancer
- C. Pancreatic cancer
- D. Colon cancer

3. Most common malignant tumour of the liver is:

- A. Hepatoma
- B. Angiosarcoma
- C. Lymphoma
- D. Secondaries

4. What percentage of gallstones are radio-opaque?

- A. 10%
- B. 40%
- C. 70%
- D. 90%

XXIV. Raju, a 35-year-old man, fell from his bike and hit his belly. He was found pale, had a thready pulse of 110/min, was conscious and oriented, with a BP of 100/70 mm Hg.

1. What is the most probable cause to be thought of?

- a) Spinal injury
- b) Subdural hematoma
- c) Liver injury
- d) Dehydration

2. What color tag may be given to him during triage?

- a) Red
- b) Green
- c) Yellow
- d) Black

3. In the primary survey protocol "cABCDE", what does the first "c" stand for?

- a) Circulation and hemorrhage control

b) Control of external exsanguinating hemorrhage

c) Cervical spine stabilization

d) Cross match blood

4. After primary survey and resuscitation, Raju's BP became 120/80 mm Hg and pulse 90/min and he was conscious and oriented. What would be the next step in the management?

a) Chest X-ray (AP view)

b) eFAST

c) Arterial blood gas analysis

d) CT chest and abdomen

5. Pringle's manoeuvre is an operative technique done to treat which injury?

a) Spleen

b) Liver

c) Duodenum

d) Aorta

XXV. A 40-year-old man presents to ED after a fall from a bike. He sustained a lacerated wound over the leg of size $7 \times 3 \times 2$ cm which is grossly contaminated with dirt.

1. Which method is not preferred in management of this wound?

A. Tight primary closure

B. Healing by secondary intention

C. Delayed closure of wound

D. Lavage & loose approximation

2. Delayed wound healing is seen in all except:

- A. Malignancy
- B. Hypertension
- C. Diabetes
- D. Infection

3. Timing of suture removal over legs:

- A. 5 Days
- B. 7 Days
- C. 10 Days
- D. 14 Days

4. Which of the following is not an example of a clean wound?

- A. Inguinal Hernia
- B. Cholecystectomy
- C. Thyroidectomy
- D. Mastectomy

5. Most common site of keloid:

- A. Face
- B. Leg
- C. Presternal area
- D. Arm

XXVI. A 52-year-old woman presents with a 6-month history of a painless lump in her left breast with blood-tinged nipple discharge. On examination, the lump is located in the upper outer quadrant of the breast, is firm, irregular in shape, and

approximately 3 cm in size. Mammography reveals a speculated mass with associated microcalcifications. An ultrasound confirms the presence of a solid mass, and a biopsy shows invasive ductal carcinoma (IDC).

1. What is the most likely diagnosis based on the clinical and imaging findings?

- a) Fibroadenoma
- b) Invasive ductal carcinoma**
- c) Ductal carcinoma in situ
- d) Intraductal papilloma

2. What is the most appropriate next step in management for this patient?

- a) Observation and follow-up
- b) Fine-needle aspiration for staging
- c) Modified radical mastectomy**
- d) Core needle biopsy for staging

3. Which of the following is the most common site for metastasis in invasive ductal carcinoma?

- a) Brain
- b) Bone**
- c) Liver
- d) Lungs

4. If the biopsy reveals that the tumor is estrogen receptor (ER) positive and HER2 negative, what is the most

appropriate treatment option?

- a) Chemotherapy and radiation
- b) Hormonal therapy (tamoxifen or aromatase inhibitors)
- c) Targeted therapy with trastuzumab
- d) Surgical resection only

5. This patient is postmenopausal. What adjuvant therapy is most likely indicated after surgery?

- a) Chemotherapy alone
- b) Hormone therapy (tamoxifen or aromatase inhibitors)
- c) Targeted therapy (Herceptin)
- d) Radiation therapy only

XXVII. Solve the following clinical cases

1. A 25-year-old female presents with sudden onset right lower quadrant abdominal pain, fever, and nausea. On examination, tenderness is elicited at McBurney's point.

1. What is the most likely diagnosis?

- a) Ectopic pregnancy
- b) Pelvic inflammatory disease
- c) Acute appendicitis
- d) Ruptured/twisted ovarian cyst

2. A 65-year-old male presents with a history of abdominal pain, distension, and vomiting for the past 24 hours. On examination, the abdomen is distended and X-ray abdomen shows multiple air-fluid levels.

What is the diagnosis?

- a) Small bowel obstruction
- b) Gastroesophageal reflux disease
- c) Acute pancreatitis
- d) Acute cholecystitis

3. An obese 45-year-old female presents with severe right upper quadrant abdominal pain aggravated by fatty meals. On examination, tenderness is present in the right upper quadrant and Murphy's sign is positive.

What is the most likely diagnosis?

- a) Acute appendicitis
- b) Hepatitis
- c) Acute pancreatitis
- d) Acute cholecystitis

4. A 45-year-old patient presents with sudden onset epigastric pain radiating to the back and elevated levels of amylase and lipase. What is the most appropriate initial management?

- a) Laparotomy and drainage
- b) ERCP
- c) Intravenous fluids and pain control
- d) Intravenous antibiotics

5. A 45-year-old male presents with abdominal pain, distension, vomiting, and a history of constipation. What is the most appropriate first step in management?

- a) USG abdomen
- b) X-ray abdomen erect
- c) IV antibiotics
- d) Colonoscopy

XXVII. A 43-year-old male patient presented with hard scrotal swelling (right) and lack of testicular sensation. Clinically, I can get above the swelling.

1. Most probable diagnosis:

- a) Seminoma
- b) Hydrocele
- c) Epididymal cyst
- d) Complete inguinal hernia

2. A patient with hyperkalemia is managed with:

- a) Dextrose + Insulin infusion
- b) Ringer Lactate + Insulin
- c) Normal Saline
- d) Fresh frozen plasma

3. A patient was brought to casualty following a road traffic accident with abdominal pain and distension. His heart rate is 120/min, BP 80/60 mmHg, respiratory rate 20/min, and E-FAST is positive. The next step will be:

- a) Emergency laparotomy
- b) Contrast-enhanced CT of the abdomen followed by laparotomy

c) Contrast-enhanced CT of the abdomen and thorax followed by laparotomy

d) MRI of the abdomen with peritoneal lavage

4. A 55-year-old male presented with painless hematuria for 3 months. On examination, he has a 12x5 cm lump in the left lumbar region which is ballotable, and a left-sided varicocele.

What is the most probable diagnosis?

a) Renal cell carcinoma

b) Hypernephroma

c) Polycystic kidney disease

d) A & B

e) A & C

XXVIII. A 48-year-old male patient underwent open appendectomy for gangrenous appendicitis. On the 5th postoperative day, he developed high fever and pus discharge at the wound site (suture line).

a) What is your diagnosis?

b) Causative organisms?

c) What is the abnormality in blood investigation?

d) What is the surgical treatment?

e) How do you prevent it?

a) Diagnosis:

Surgical Site Infection (SSI) – likely deep incisional type.

b) Causative organisms:

Escherichia coli

Bacteroides fragilis

Staphylococcus aureus

Streptococcus spp. ($\pm$ MRSA, Pseudomonas in hospital-acquired cases)

c) Abnormality in blood investigation:

Leukocytosis ($\uparrow$ WBC count)

$\uparrow$ CRP, $\pm$ positive wound culture

d) Surgical treatment:

Open wound at suture site

Drain pus, irrigate, debride if needed

Leave wound open for secondary healing

Start empirical antibiotics

e) Prevention:

Pre-op antibiotic prophylaxis

Aseptic surgical technique

Proper wound care post-op

Good glycemic control and minimal tissue trauma

XXIX. Solve the following clinical cases

1. A 45-year-old lady presented with a 4x3 cm hard lump in the upper outer quadrant of the left breast for the last 4 months. She has a history of breast implants 5 years back. On examination, the lump is fixed to the breast tissue with restricted mobility.

What is the most suitable imaging modality for this patient?

a) MRI

b) Contrast-enhanced CT scan

c) Mammography

d) Ultrasonogram

2. A 22-year-old male came to casualty with clinical features suggestive of appendicitis. Not included in Murphy's triad:

a) Abdominal pain

b) Vomiting

c) Tenderness

d) Fever

3. Most dangerous position of appendix is:

a) Rectocecal

b) Paracolic

c) Pelvic

d) Retroperitoneal

4. True about appendicular mass is all except:

a) Ochsner Sherren regimen followed

b) Develops after 72 hours

c) Fever is present

d) Operation is to be done immediately

5. Best test to diagnose acute appendicitis in a pregnant female:

a) Alder's test

b) Aerron's test

c) Angell's test

d) McBurney's test

XXX. A 35-year-old male chronic smoker presented with bilateral lower leg pain. On examination: Dorsalis Pedis artery not palpable. 1. Buerger's disease includes all of the following except:

A. Small-sized arteries

B. Medium-sized arteries

C. Large arteries

D. Deep veins

2. Drugs used for Buerger's disease include:

A. Xantinol nicotinate

B. Propranolol

C. Glyceryl trinitrate

D. All of the above

3. Most common cause for gangrene of foot in the above patient:

A. Myocardial infarction

B. Thromboangiitis obliterans (TAO)

C. Atherosclerosis

D. Raynaud's disease

4. Buerger's disease affects all except:

A. Lymphatics

B. Veins

C. Nerves

D. Arteries

5. Commonest site of Buerger's disease is:

A. Femoral artery

B. Popliteal artery

C. Iliac artery

D. Small vessels

XXXI. A 60-year-old male with a history of COPD presents with a swelling in the right inguinal region for 2 years. He has to get up 3–4 times every night to pass urine. On examination: a globular 3×2 cm swelling confined to the right inguinal region, visible expansile cough impulse, and reducibility present.

1. All of the following predispose to this condition except:

a) Alcoholism

b) Collagen vascular disease

c) BPH

d) Open appendicectomy

2. Cough impulse may be absent in:

- a) Femoral hernia
- b) Saphena varix
- c) Reducible inguinal hernia
- d) Paraumbilical hernia

3. Nerve not passing through the inguinal canal is:

- a) Ilioinguinal nerve
- b) Iliohypogastric nerve
- c) Genital branch of genitofemoral nerve (GFN)
- d) Femoral branch of genitofemoral nerve (GFN)

4. Mesh kept within the defect is known as:

- a) Onlay repair
- b) Sublay repair
- c) Inlay repair
- d) Underlay repair

XXXII. A 43-year-old lady presented to the outpatient department with a history of a lump in her left breast for 2 months. She noticed the lump after mild pain during menstrual periods. It has increased in size since then. There is no family history of malignancy. She has two children and both were breastfed.

On examination: 3×2 cm hard lump fixed to breast tissue in the upper outer quadrant; 2×1 cm mobile node in the left axilla. Abdomen, chest, and long bones are unremarkable.

1. What is the first investigation to be done to diagnose the

condition?

- a) FNAC from the lump
- b) Digital mammogram
- c) Tru-cut biopsy
- d) MR mammogram

2. What is the investigation of choice for tissue diagnosis?

- a) Excision biopsy
- b) FNAC
- c) Incisional biopsy
- d) Core needle biopsy

3. What is the likely chance of this tumor being HER-2 positive?

- a) 20–25%
- b) <10%
- c) 25–50%
- d) 5–10%

4. If USG of the axilla shows multiple axillary and infraclavicular nodes enlarged with loss of fatty hilum, what is the nodal staging?

- a) N2c
- b) N2b
- c) N2a
- d) N3a

5. If this patient's genetic study is found to be positive for

BRCA1, what would be her lifetime risk of developing ovarian cancer?

- a) 100%
- b) 80%
- c) 30%
- d) 40%

XXXIII. A 65-year-old male patient presents with massive abdominal distension, absolute constipation, and abdominal pain of one-day duration. On examination, there is tachycardia, massive abdominal distension, and tenderness, but no guarding or rigidity. Plain X-ray of the abdomen shows a coffee bean sign.

What is your diagnosis?

- (A) Small bowel obstruction
- (B) Sigmoid volvulus
- (C) Transverse colon volvulus
- (D) Hollow viscus perforation

QUADCRAACK 2.0

— QUESTION BANK —

ORTHOPAEDICS



LONG ESSAY

1. A 35-year-old male brought to casualty, following RTA, with pain and deformity of right thigh, limb is short and externally rotated.

a. What is your diagnosis & initial management

b. How will you treat the case

c. What are the 4 major complications

DIAGNOSIS: FRACTURE OF NECK OF FEMUR

2. Describe the Etiopathogenesis, clinical & radiological features DDH. What is the management of DDH?

3. A 25-year-old male presents with pain and swelling in the right knee for 3 months, associated with fever and weight loss.

a. What is your provisional diagnosis?

b. Discuss the etiopathogenesis of this condition.

c. Describe the clinical features.

d. Outline the investigations required.

e. Discuss the principles of management.

DIAGNOSIS: TUBERCULOSIS OF KNEE JOINT

4. Discuss aetiopathogenesis, clinical features & management of Septic Arthritis? (10 Marks)

SHORT ESSAY

1. Classify open fracture (Gustilo Anderson)
2. Galeazzi fracture dislocation
3. Treatment of TB knee
4. Brown's tumor
5. Discuss aetiopathogenesis, clinical features, investigations and management of Acute osteomyelitis.
6. Describe the mechanism of injury, Clinical features and management of fracture patella.
7. Describe the clinical features, investigations, principles of management and complications of osteochondroma.
8. Describe the aetiology, pathology and principles in management of congenital talipes equinovarus (clubfoot)
9. Describe causes, pathophysiology, clinical features and management of compartment syndrome.
10. Describe the mechanism of injury, classification, clinical features and management of supracondylar fracture of the humerus in children.
11. What are the classic clinical signs of chronic

osteomyelitis. What are the radiological features of sub-acute osteomyelitis?

13.What are the clinical, radiological features of osteochondroma? What is the treatment of osteochondroma?

14.What are the skeletal manifestations of rickets?What are the radiological features of the same?

15.Classification, clinical features, investigations and principles of management of fracture neck of femur.

16.Describe the clinical features, investigation and principles of management of Chronic Osteomyelitis Tibia.

17.Classify bone tumors. Describe the aetiopathogenesis, clinical features, investigations and principles of management of osteosarcoma of distal end of femur.

18.A 2-year-old was brought to ER with pain in left hip since yesterday. Since morning he is having fever. His blood investigations showed Hb-10 g/dl, TC-16500, DC-P89 L 10 E1, ESR-60 mm/hr. USG was taken which showed collection of fluid in left hip.

(a) Explain the criteria used to diagnose the condition

(b) In your opinion, what is the role of MRI in this case

(c) How would you manage this child

DIAGNOSIS:SEPTIC ARTHRITIS

19.A 23 years-old male, had an injury to left knee when playing volleyball. He was in pain and he noticed swelling in the knee. He had difficulty extending the knee and required some time to extend it.

(a) How will you manage him in casualty?

(b) What is your likely diagnosis and how will you confirm?

(c) Based on your diagnosis, how will you manage the patient in the longer term.

DIAGNOSIS:MEDIAL MENISCAL TEAR

20.A 40 years-old, presented to your casualty following RTA with pain, swelling in left leg. Despite immobilization and medications, his swelling worsened overnight. X-ray had shown proximal tibia fracture.

(a) How do you classify proximal tibia fractures?

(b) What is happening to this patient and how will you confirm it?

(c) How will you manage him?

DIAGNOSIS:ACUTE COMPARTMENT SYNDROME

21.A 8yr old boy presents with severe pain in the leg

following a trivial fall 3 weeks ago. He now has increasing swelling, fever, and a discharging sinus over the tibia. X-ray shows periosteal reaction and areas of bone destruction.

i. Diagnosis

ii. Pathogenesis

iii. Principles of treatment

DIAGNOSIS: CHRONIC OSTEOMYELITIS

22. 70 year old female following fall on outstretched hand, developed dinner fork deformity in her right wrist. Describe the typical deformities, diagnosis and management of the fracture. Mention various other type of fractures at distal end of radius.

DIAGNOSIS: COLLE'S FRACTURE

23. Describe various types of pediatric fractures. Classify epiphyseal injuries.

24. 28 year old male presented in ER with Type 3B compound fracture of right tibia following a RTA. Describe the classification system commonly used? How will you manage this case?

25. Chronic Osteomyelitis in Adults 26. Osteosarcoma: epidemiology, pathogenesis, clinico - radiological findings, newer modalities of treatment

27. Compound fracture: classification, multidisciplinary approach to trauma and late complications.

28. 70-year-old female attends the Orthopaedics casualty with history of fall and complaints of pain right hip, inability to walk and inability to bear weight since 2 days duration.

A. What is the most probable diagnosis?

B. What are the investigations to be done?

C. What is the immediate management?

D. Describe the surgical management for this patient.

DIAGNOSIS: FRACTURE OF NECK OF FEMUR

29. Examination findings & management of shoulder dislocation?

30. Discuss the clinical features, classification and management of fracture of neck of femur

31. One year old child is brought with irritability to move right lower limb for one day. Child is irritable and lethargic, refusing to feed. On examination (Rt) lower limb is motionless and hip area is tender. Discuss the differential diagnosis and management of most probable diagnosis.

DIAGNOSIS: SEPTIC ARTHRITIS

32.CTEV - clinical features, investigations and treatment?

33.A patient with history of fall, sustained fracture on Right hip with limb in abduction and slight external rotation.clinical features, investigations and treatment of the Fracture.

34.GCT - clinical features, investigations and treatment.

SHORT NOTES

1. Radiological features of chronic osteomyelitis
2. Osteochondroma
3. Colles's fracture
4. Management of neck of femur fracture
5. Bone grafting
6. Salter Harris classification
7. Congenital Talipes Equino Varus
8. Claw hand
9. Rickets
10. Acute osteomyelitis
11. Osteoarthritis of the knee
12. Dislocation of the shoulder joint
13. Classification of peripheral nerve injuries
14. What are epiphyseal injuries in children?

15. Fracture Neck of Femur

a) Classification

b) Complications

16. Osteomyelitis

a) Types

b) Radiological features

17. Intervertebral Disc Prolapse (IVDP)

a) Clinical features

b) Indications for surgery

18. Clubfoot (Congenital Talipes Equinovarus)

a) Components of deformity

b) Principles of management

19. Compartment Syndrome

a) Causes

b) Clinical features and management

20.Perthes disease

21.Recurrent Shoulder Dislocation

22.Froment's sign

23.Ulnar paradox

24.DDH screening

25.Osteoporosis

26.Supracondylar fracture of humerus

i. classification

ii. Principles of management

27. Club Foot (CTEV) components of deformity principle of treatment

28. Osteoarthritis of knee Pathology

i. Clinical features

ii. Non-operative management

29. Radial Nerve injury causes

i. Clinical features

ii. Wrist drop - tendon transfers done.

30. Osteosarcoma

- i. Clinical features
- ii. Radiological features
- iii. Principles of management

31. Avascular Necrosis of Femoral Head

- i. Etiology
- ii. Staging
- iii. Management principles

32. Spinal Tuberculosis (Pott's Spine)

- i. Clinical features
- ii. Radiological findings
- iii. Indications for surgery

33. Skeletal traction

34. Myositis ossificans

35. Simple bone cyst

36. Blood supply of femoral head. Avascular necrosis- pathogenesis and management.

37. Cold abscess

38. A 28yrs old male presented with acute onset fever, pain and swelling of right knee joint. He has a fixed flexion deformity of 15degree and cannot weight bear. On examination, he is febrile and right knee joint patellar tap + Local warmth a. What is the probable diagnosis & expected complications?

b. Investigations and management

DIAGNOSIS:SEPTIC ARTHRITIS

39.Discuss aetiology and clinical features of Erb's palsy.

40.Monteggia fracture

41.Chronic Osteomyelitis

42.Aneurysmal Bone Cyst

43.Osteoporosis

44.Tinnel sign

45.Codmans triangle

46.Pulled Elbow

47.McMurreys test

48.Bohlers angle

49.SACH foot

50.Clinical features of TB of hip joint

51.Basic Trauma life support

52.Supracondylar fracture of humerus

53.Pathology and management of osteoid osteoma

54.Screening for congenital dislocation of hip

55.Gamekeepers Thumb

56.Classification of compound fractures

57.Tumor-like conditions of bone

58.First aid in suspected cervical spine injury

59.Complications of Colles' fracture

60.

a) Phases of gait

b) Aneurysmal bone cyst

61.

a) Sudecks dystrophy

b) Non Union

62.

a.) De quervain s tenosynovitis

b) Painful arc syndrome

PRECISE ANSWERS

1. Carrying angle
2. Bohler braun splint
3. Wind swept deformity
4. Tests for meniscal injuries of knee
5. Radiological features of osteoarthritis
6. Ilizarovs technique