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OPSC
Asst. Prof.
Previous Year Paper
(Surgical Gastroenterology)
11 Sept, 2022



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T. B. C. : AP(SS) – 10-21/22

Test Booklet Series

A

TEST BOOKLET

ASSISTANT PROFESSOR (SUPER SPECIALITY)

(SURGICAL GASTROENTEROLOGY)

Sl. No.

1329

Time Allowed : 3 Hours

Maximum Marks : 200

: INSTRUCTIONS TO CANDIDATES :

1. IMMEDIATELY AFTER THE COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS TEST BOOKLET **DOES NOT** HAVE ANY UNPRINTED OR TORN OR MISSING PAGES OR ITEMS ETC. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET OF THE SAME SERIES ISSUED TO YOU.
2. ENCODE CLEARLY THE TEST BOOKLET SERIES **A, B, C** OR **D**, AS THE CASE MAY BE, IN THE APPROPRIATE PLACE IN THE ANSWER SHEET USING BALL POINT PEN (BLUE OR BLACK).
3. You have to enter your **Roll No.** on the Test Booklet in the Box provided alongside. **DO NOT** write *anything else* on the Test Booklet.
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5. This Test Booklet contains **200** items (questions). Each item (question) comprises four responses (answers). You have to select the correct response (answer) which you want to mark (darken) on the Answer Sheet. In case, you feel that there is more than one correct response (answer), you should mark (darken) the response (answer) which you consider the best. In any case, choose **ONLY ONE** response (answer) for each item (question).
6. You have to mark (darken) all your responses (answers) **ONLY** on the **separate Answer Sheet** provided, by using **BALL POINT PEN (BLUE OR BLACK)**. See instructions in the Answer Sheet.
7. All items (questions) carry equal marks. All items (questions) are compulsory. Your total marks will depend only on the number of correct responses (answers) marked by you in the Answer Sheet. **(For each wrong answer, 0.25 marks shall be deducted from the marks awarded for correct answers.)**
8. Before you proceed to mark (darken) in the Answer Sheet the responses (answers) to various items (questions) in the Test Booklet, you have to fill in some particulars in the Answer Sheet as per the instructions sent to you with your **Admission Certificate**.
9. After you have completed filling in all your responses (answers) on the Answer Sheet and after conclusion of the examination, you should hand over to the Invigilator the **Answer Sheet** issued to you. You are allowed to take with you the candidate's copy / second page of the Answer Sheet along with the **Test Booklet**, after completion of the examination, for your reference.
10. Sheets for rough work are appended in the Test Booklet at the end.

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CY – 10A/38

(Turn over)

SEAL

1. A 60-year-old female presented with painless progressive jaundice with cholestatic features of 1 month duration. Initial investigation revealed hilar block with a bilirubin level of 14. **Q58:** Cross sectional imaging revealed resectable tumor with involvement of secondary confluence on the right side. The proposed surgery is extended right trisectionectomy with future liver remnant of 25%. The next step would be :
- (A) Ipsilateral transhepatic embolization of right portion vein
 (B) PTBD of left lateral segment
 (C) Contralateral transhepatic embolization of right portal vein
 (D) ERCP and stenting of left lateral segment
2. A 30-year-old female presented with bloody diarrhoea and tenesmus of 5 months duration. Colonoscopy revealed diffuse erythematous mucosa with mucosal friability. Symptoms were not controlled with medical treatment. Patient underwent total proctocolectomy with ileal pouch anal anastomosis. Most common early complication after this surgery is :
- (A) Pouchitis
 (B) Hemorrhage
 (C) Anastomotic cuff abscess
 (D) Small bowel obstruction
3. A 25-year-old male with history of corrosive ingestion 3 days back complained of shortness of breath and had tachycardia on examination. Best investigation to grade the severity of injury and decide the need for surgical intervention is :
- (A) Upper gastrointestinal endoscopy
 (B) Bronchoscopy
 (C) Direct laryngoscopy
 (D) Contrast enhanced CT chest and abdomen
4. In a patient with incidental gallbladder cancer the specimen was removed through epigastric port. Hence during the definitive surgery :
- (A) Full thickness excision of epigastric port should be performed
 (B) Epigastric port should be excised only if there was bile spillage
 (C) Epigastric port should be excised only if no protective bag is used irrespective of bile spillage
 (D) All port sites should be excised

5. 50-year-old female underwent laparoscopic cholecystectomy for suspected gall stone disease. Final histopathology turned out to be gallbladder carcinoma with invasion of muscularis propria. Cystic duct margin and cystic lymph node are negative. Current recommended treatment for this patient is :
- (A) No further surgery only observation as the tumor has not invaded serosa
 - (B) Only segment IVb, V resection without lymphadenectomy since cystic duct lymph node is negative
 - (C) Segment IVb, V resection with radical lymphadenectomy and without CBD excision since cystic duct margin is negative
 - (D) Segment IVb, V resection with radical lymphadenectomy and CBD excision
6. Preferred bariatric surgery for the patient with Crohn's disease and morbid obesity is :
- (A) Roux en Y gastric bypass
 - (B) Laparoscopic adjustable gastric banding
 - (C) Biliopancreatic diversion and duodenal switch
 - (D) Laparoscopic sleeve gastrectomy
7. As per the current Japanese guidelines for gastric cancer all the following lymph node stations are included in the D2 radical total gastrectomy, except :
- (A) Station 11p
 - (B) Station 11d
 - (C) Station 12a
 - (D) Station 10
8. A 55-year-old male presented with painless progressive jaundice with cholestatic features of 1 month duration. Initial investigation with ultrasound abdomen revealed lower end bile duct obstruction and no evidence of stone or obvious mass. Next investigation to establish diagnosis :
- (A) MRCP
 - (B) Side viewing endoscopy
 - (C) Contrast enhanced CT abdomen (pancreatic protocol)
 - (D) Endoscopic ultrasound

9. A 45-year-old, well compensated Hepatitis B related cirrhotic male patient with Child-Pugh score of 6 was diagnosed to have 1.9 cm hepatocellular cancer in segment VI of liver. Preferred treatment would be :
- (A) Right posterior sectionectomy
 - (B) Liver transplantation
 - (C) Anatomic resection of segment VI
 - (D) Microwave ablation
10. A 40-year-old female underwent open pancreatoduodenectomy for periampullary cancer. On Post-operative day 3 she had fever associated with tachycardia. Left drain drained around 300 ml of serosanguinous fluid. Ultrasound abdomen revealed 7 × 5 cm collection in the lesser sac. A percutaneous drain was placed in the collection under ultrasound guidance that drained around 200 ml of serosanguinous fluid. Drain fluid amylase was 2312. The diagnosis is :
- (A) Biochemical leak
 - (B) Grade B postoperative pancreatic fistula
 - (C) Grade C postoperative pancreatic fistula
 - (D) Since serum amylase level is not available ISGPF definition for pancreatic fistula cannot be applied
11. Regarding smoking and alcohol as risk factors in esophageal cancers all are true statements, except :
- (A) Major contributing factors for squamous cell carcinoma
 - (B) Independent risk factors for Adenocarcinoma
 - (C) Effects are multiplicative for SCC
 - (D) Alcohol has no relation to adenocarcinoma
12. A 30-year-old male a known case of extrahepatic portal vein obstruction on endoscopic therapy for varices presented with fever and jaundice. On evaluation there was a lower end CBD stone. Preferred treatment of CBD stone in this patient is :
- (A) ERCP and stone removal
 - (B) PTBD and percutaneous stone extraction
 - (C) Shunt surgery followed by Laparoscopic CBD exploration
 - (D) Shunt surgery followed by open CBD exploration

13. A 50-year-old male with acute pancreatitis was evaluated with CECT which shows 50% pancreatic necrosis with peripancreatic fluid collection. His modified CT severity score is :
- (A) 4
 - (B) 6
 - (C) 7
 - (D) 8
14. A 30-year-old female underwent radical cholecystectomy for gallbladder cancer. Postoperative specimen gallbladder fundal mass visible on the serosa without obvious liver infiltration. The T stage of the tumor is :
- (A) T2a
 - (B) T2b
 - (C) T3
 - (D) T4
15. A 35-year-old female was evaluated for abdominal pain with ultrasound abdomen which revealed dilated common bile duct. She underwent ERCP and the cholangiogram is suggestive of type IVa choledochal cyst with left lobe involved more than the right lobe. The recommended treatment for this patient is :
- (A) Complete excision of the extrahepatic bile duct with hepaticojejunostomy
 - (B) Complete excision of the extrahepatic bile duct with left hepatectomy and right hepaticojejunostomy
 - (C) ERCP and stenting of the bile duct after stone clearance
 - (D) Bile duct exploration and hepaticojejunostomy
16. True statement regarding choledochal cyst :
- (A) Type IV choledochal cyst is at increased risk of developing malignancy only in extrahepatic biliary tract.
 - (B) Type I choledochal cyst is at increased risk of developing malignancy in the intra and extrahepatic biliary tract.
 - (C) Computed tomography is the investigation of choice to diagnose choledochal cyst.
 - (D) Hepatectomy is the preferred treatment for bilobar Caroli disease.

17. All are true statements regarding venous drainage of the Head and uncinata process of pancreas, except :
- (A) Anterosuperior pancreatoduodenal vein usually drains to gastrocolic trunk.
 - (B) Posterosuperior pancreatoduodenal vein usually drains to portal vein.
 - (C) Anteroinferior pancreatoduodenal vein usually drains to superior mesenteric vein.
 - (D) Posteroinferior pancreatoduodenal vein usually drains to superior mesenteric vein.
18. All are true statements regarding esophageal pressure topography plot, except :
- (A) The y-axis represents the axial length of the esophageal body.
 - (B) The x-axis represents time.
 - (C) Orange color represent higher pressure.
 - (D) Blue color depicts inflexion point.
19. True statement regarding Combined Multichannel Intraluminal Impedance and pH study for gastroesophageal reflux disease :
- (A) Cannot differentiate between acid and alkaline reflux
 - (B) Liquid reflux will result in rise in impedance compared to gas reflux
 - (C) Approximately 50% of patients with persistent reflux symptoms on therapy do not have a temporal correlation between their symptoms and any type of reflux
 - (D) The refluxate is considered acidic if the intraesophageal pH during an Multichannel Intraluminal Impedance detected reflux episode remains greater than 7
20. True statement regarding Optical coherence tomography :
- (A) It works on the principle of echo time delay and back scattering of light.
 - (B) Helps in the accurate diagnosis of submucosal lesions with targeted biopsy.
 - (C) It has high resolution and depth of penetration compared to endoscopic ultrasound.
 - (D) The standard length of the optical probe is 12 cm.

21. All are true statements regarding Functional Lumen Imaging Probe (FLIP), except :
- (A) Developed based on impedance planimetry.
 - (B) Balloon placed at the distal end of a FLIP probe filled with carbon di oxide gas.
 - (C) Provides multiple estimated diameter or cross-sectional area measures of the lumen.
 - (D) Used to recreate a dynamic image of sphincter geometry.
22. All are true statements regarding Peroral Endoscopic Myotomy, except :
- (A) A longer myotomy is performed for Achalasia type 2 compared to type 1 and 3.
 - (B) Mediastinal exposure often happens at the end of myotomy.
 - (C) Both indigo carmine and methylene blue saline solution used as lifting solution.
 - (D) Pneumomediastinum after POEM usually do not require intervention.
23. All are true statements regarding repair of Paraesophageal hernia, except :
- (A) Pneumothorax due to accidental pleural breach helps to relieve crural tension.
 - (B) Mobilization of the gastro-esophageal fat pad recommended to identify Gastroesophageal junction.
 - (C) Need for collis gastroplasty is high during Paraesophageal hernia repair.
 - (D) Fundoplication is commonly performed after paraesophageal hernia repair to prevent postoperative reflux.
24. A 55-year-old male with locally advanced squamous cell carcinoma of the middle thoracic esophagus is planned for neoadjuvant chemoradiotherapy. In this patient all are true statements, except :
- (A) PET-CT performed after two cycles of chemotherapy can reliably predict response to neoadjuvant chemoradiotherapy.
 - (B) Post neoadjuvant chemoradiotherapy even if the radiological and endoscopic evaluation is suggestive of clinical complete response esophagectomy is indicated.
 - (C) Presence of left supraclavicular node is not a contraindication for curative esophagectomy in this patient.
 - (D) Gastric conduit can be safely used after neoadjuvant chemoradiotherapy.

25. A 60-year-old female with locally advanced squamous cell carcinoma of the lower thoracic esophagus underwent minimally invasive esophagectomy. All are true statements, except :

- (A) Esophagectomy in prone position does not require single lung ventilation.
- (B) Bronchial blocker to collapse right lung does not interfere with lymph node dissection along left recurrent laryngeal nerve compared to double lumen tube.
- (C) High ICD output (more than 1 liter) on first postoperative day is suggestive of thoracic duct injury even if the nature of fluid is serous and the triglyceride levels are normal.
- (D) Recurrent laryngeal nerve palsy diagnosed 1 week after surgery by indirect laryngoscopy usually results in permanent nerve palsy.

26. According to Japanese Gastric cancer treatment guidelines D1 + total gastrectomy for proximal gastric

cancer includes dissection of all the given lymph node stations, except :

- (A) 8a
- (B) 12a
- (C) 9
- (D) 11p

27. All are true statements regarding treatment of gastric cancer, except :

- (A) Clinical T1 tumor with perigastric nodes require D2 gastrectomy.
- (B) Well differentiated 1.2 cm T1b tumor without regional nodes require D1 + gastrectomy
- (C) 1.5 cm well differentiated T1a tumor without ulceration and regional nodes can be treated by endoscopic submucosal resection
- (D) 1.8 cm well differentiated T1a tumor with ulceration and without regional nodes require D1 gastrectomy

28. Portal venous system develops from :

- (A) Vitelline veins
- (B) Umbilical veins
- (C) Cardinal veins
- (D) Hepatocardiac channel

29. A 40-year-old female with hilar cholangiocarcinoma underwent right hepatectomy. Her preoperative total bilirubin was 8 mg/dL. Postoperative period patient had reduced urine output that improved with appropriate fluid management. Liver function test on postoperative day 5 revealed a total bilirubin of 6 mg/dL (laboratory upper normal – 2 mg/dL). As the for International study group of liver surgery definition patient :
- (A) Does not have post hepatectomy liver failure
- (B) Has Grade A post hepatectomy liver failure
- (C) Has Grade B post hepatectomy liver failure
- (D) Has Grade C post hepatectomy liver failure
30. All are true statements regarding vascular complications in chronic pancreatitis, except :
- (A) In left sided portal hypertension due to splenic vein thrombosis presence of esophageal varices suggests associated liver disease as a cause of portal hypertension.
- (B) Chronic pancreatitis with symptomatic gastric varices secondary to left sided portal hypertension is an indication for Splenectomy if patient requires surgical intervention for chronic pancreatitis.
- (C) In Pseudocyst-portal vein fistula life threatening bleeding is rare as pseudocyst is a high-pressure system.
- (D) Per rectal bleeding secondary to colonic varices can happen in patients with splenic vein thrombosis.
31. According to Barcelona Clinic Liver Cancer (BCLC) staging system for Hepatocellular Cancer (HCC) transarterial chemoembolization is indicated for :
- (A) Early stage HCC
- (B) Intermediate stage HCC
- (C) Advanced stage HCC
- (D) Terminal stage HCC
32. Howwell-Jolly bodies seen in peripheral smear after splenectomy indicate :
- (A) Nuclear remnant
- (B) Denatured hemoglobin
- (C) Iron granules
- (D) Acanthocytes

33. True statements regarding choledochal cyst :
- (A) Jaundice is the common presenting symptom in infants.
 - (B) Todani Type IVa choledochal cyst is usually associated with choledochocele.
 - (C) Forme fruste choledochal cyst is characterized by pancreaticobiliary maljunction with dilatation of extrahepatic bile duct.
 - (D) Spontaneous perforation of choledochal cyst common in adults.
34. All are true statements regarding Hydatid cyst of liver, except :
- (A) More common in segment VII and VIII
 - (B) Continuous therapy with albendazole associated with more complications compared to cyclical therapy
 - (C) Intrabiliary rupture is the most common complication
 - (D) Methemoglobinemia has been reported following use of cetrime and chlorhexidine as scolical agents
35. All the following trials studied about treatment approaches of necrotizing pancreatitis, except :
- (A) PANTER trial
 - (B) PONCH trial
 - (C) PENGUIN trial
 - (D) TENSION trial
36. The first branch of gastroduodenal artery is :
- (A) Posterosuperior pancreaticoduodenal artery
 - (B) Right gastroepiploic artery
 - (C) Anterosuperior pancreaticoduodenal artery
 - (D) Inferior pancreaticoduodenal artery
37. Type of fluid collection not defined in revised Atlanta classification of acute pancreatitis :
- (A) Pancreatic pseudocyst
 - (B) Acute necrotic collection
 - (C) Walled off necrosis
 - (D) Extrapancreatic necrosis
38. In the management of portal venous bleeding following PTBD. First step should be :
- (A) Catheter side hole repositioning
 - (B) Upsizing of catheter
 - (C) Embolisation of catheter tract
 - (D) Angiographic embolization

39. All are complications of bladder drainage in pancreas transplantation, except :
- (A) Reflux pancreatitis
 - (B) Metabolic acidosis
 - (C) Urinary acidosis
 - (D) Perineal irritation
40. All are true statements regarding vagal innervations of stomach, except :
- (A) Hepatic branch arises from anterior vagus.
 - (B) Criminal nerve of Grassi is from posterior vagus.
 - (C) Majority of the vagal fibers are efferent.
 - (D) Migrating motor complex not affected by vagotomy.
41. True statement regarding Gastro-intestinal carcinoids :
- (A) Well differentiated tumors have less than 2 mitoses per 50 high power field.
 - (B) Type I gastric carcinoids are the most common type
 - (C) Type II gastric carcinoids are associated with atrophic gastritis
 - (D) Type IV gastric carcinoids are more common in fundus
42. The preoperative CT scan of a patient with Hepatocellular carcinoma left lobe planned for left hepatectomy revealed a right inferior hepatic vein. Injury to right inferior hepatic vein during surgery would affect the venous drainage of :
- (A) Segment V
 - (B) Segment VI
 - (C) Segment VII
 - (D) Segment VIII
43. The preoperative CT scan of a patient with Hepatocellular carcinoma right lobe planned for right hepatectomy revealed an anterior fissure vein. It usually drains to :
- (A) Right hepatic vein
 - (B) Middle hepatic vein
 - (C) Left hepatic vein
 - (D) Inferior vena cava
44. Henle's trunk is a common source for bleeding in pancreatoduodenectomy. All the following veins usually drain to Henle's trunk, except :
- (A) Right gastroepiploic vein
 - (B) Superior right colic vein
 - (C) Anterior superior pancreaticoduodenal vein
 - (D) Anterior inferior pancreaticoduodenal vein

45. The most important lymph node involvement that determines prognosis in patients with pancreatic head cancer is superior mesenteric artery node. It is given that following lymph node station number as per the General Rules for the Study of Pancreatic Cancer classification :
- Station 13
 - Station 14
 - Station 17
 - Station 18
46. All are considered as borderline resectable pancreatic cancer, except :
- Pancreatic cancer patient with short segment encasement of portal vein by the tumor
 - Pancreatic cancer patient with ECOG 3 performance status
 - Pancreatic cancer patient with short segment encasement of superior mesenteric artery by the tumor
 - Pancreatic cancer patient with CA 19-9 > 1000 U/L in the absence of biliary obstruction
47. All are absolute indications for preoperative biliary drainage in a patient with malignant obstructive jaundice, except :
- Cholangitis
 - Need for portal vein embolization
 - Bilirubin level more than 15g/dL
 - Need for neoadjuvant therapy
48. The nerve plexus that should be removed in all patients with periampullary carcinoma undergoing pancreatoduodenectomy is :
- Pancreatic head plexus 1
 - Pancreatic head plexus 2
 - Superior mesenteric plexus
 - Celiac plexus
49. In a patient with squamous cell carcinoma of the middle thoracic esophagus all are considered as regional lymph nodes, except :
- Left supraclavicular node
 - Left cardiac lymph nodes
 - Celiac nodes
 - Right recurrent laryngeal nerve nodes
50. The recommended interval between completion of neoadjuvant chemoradiotherapy and radical esophagectomy in patient with squamous cell carcinoma of the lower thoracic esophagus is :
- 2-4 weeks
 - 4-6 weeks
 - 8-12 weeks
 - 12-16 weeks

51. A 65-year-old male presented with painless progressive jaundice. Initial investigation with ultrasound abdomen revealed IHBRD with dilated CBD till lower end without any evidence of stone or obvious mass. Next investigation to establish diagnosis is :
- (A) MRCP
 (B) Side viewing endoscopy
 (C) Contrast enhanced CT abdomen (pancreatic protocol)
 (D) Endoscopic ultrasound
52. True statement regarding gastric protocol CT for the diagnosis of gastric cancer :
- (A) Water soluble iodine is the preferred oral contrast agent.
 (B) Left posterior oblique and right decubitus positions are commonly used.
 (C) Water is the preferred contrast agent for virtual gastroscopy
 (D) Preferred investigation to differentiate between T1b and T2 lesions
53. Most constant branch of superior mesenteric artery that supply colon is :
- (A) Ileocolic artery
 (B) Middle colic artery
 (C) Right colic artery
 (D) Left colic artery
54. True statement regarding MR Colonography :
- (A) Done in prone position
 (B) Done in supine position
 (C) Does not require bowel preparation
 (D) Colonic distention is required
55. Glucagon like peptide is produced by :
- (A) L cells
 (B) N cells
 (C) K cells
 (D) S cells
56. All are true statements regarding colonic pseudo obstruction, except :
- (A) Secondary more common than primary pseudoobstruction.
 (B) In Acute pseudoobstruction sigmoid colon is most commonly affected.
 (C) Chronic colonic pseudo-obstruction also affects small bowel
 (D) Neostigmine is useful for treatment

57. In selective mesenteric angiography for the evaluation of GI bleed the order of cannulation of mesenteric vessels is :
- (A) Flush aortography preferred over selective cannulation
 - (B) Cannulation of superior mesenteric artery followed by celiac artery and then inferior mesenteric artery
 - (C) Cannulation of inferior mesenteric artery followed by celiac artery and then superior mesenteric artery
 - (D) Cannulation of superior mesenteric artery followed by inferior mesenteric artery and then celiac artery
58. All are true statements regarding colorectal carcinoma associated with the ulcerative colitis, except :
- (A) Evenly distributed through the colon
 - (B) More likely to be mucinous type and poorly differentiated
 - (C) Higher likelihood of synchronous tumors
 - (D) Associated with poor prognosis compared to sporadic tumors of equivalent stage
59. Seepage of stools indicate :
- (A) External sphincter dysfunction
 - (B) Internal sphincter dysfunction
 - (C) Proctitis
 - (D) Rectal tumor
60. All the following lymph nodes drain esophagus, except :
- (A) Pretracheal nodes
 - (B) Paratracheal nodes
 - (C) Retrocardiac nodes
 - (D) Infracardiac nodes
61. All are true statements regarding management of achalasia, except :
- (A) Laparoscopic Myotomy should be extended at least 2 cm onto the gastric wall.
 - (B) Laparoscopic myotomy is the initial treatment of choice for megaesophagus.
 - (C) Hydrostatic balloon dilatation is the preferred endoscopic intervention compared to botulinum toxin injection.
 - (D) Partial fundoplication should be added after myotomy.

62. All are true statements regarding Enbloc esophagectomy for carcinoma esophagus, except :
- (A) Done through anterolateral thoracotomy followed by midline laparotomy.
 - (B) Thoracic duct and azygous vein are routinely excised.
 - (C) Pericardium is not removed unless involved by the tumor.
 - (D) Both right and left vagus are divided.
63. Most favored treatment approach for pilonidal sinus :
- (A) Midline Follicle Excision and Lateral Drainage
 - (B) Incision and Curettage with Saucerization
 - (C) Complete Excision with Closure
 - (D) Complete Excision without Closure
64. True statement regarding laparoscopic view of groin anatomy :
- (A) Median umbilical fold is formed by umbilical artery.
 - (B) Lateral umbilical fold is formed by inferior epigastric vessels.
 - (C) Suprapubic fossa lies lateral to medial umbilical fold.
 - (D) Medial fossa lies medial to medial umbilical fold.
65. All are true statement regarding jejuno gastric intussusception, except :
- (A) More common after Billroth II gastrectomy compared to simple gastrojejunostomy.
 - (B) Efferent limb is usually involved.
 - (C) Resection of the intussuscepting small bowel not required in all cases.
 - (D) Can occur in both acute and chronic forms.
66. Frequency of fasting gastric motility :
- (A) 1 cycle per minute
 - (B) 3 cycles per minute
 - (C) 5 cycles per minute
 - (D) 7 cycles per minute
67. All the following techniques are used for the management of difficult duodenal stump, except :
- (A) Nissens closure
 - (B) Bancroft closure
 - (C) Nicolls closure
 - (D) Tube duodenostomy
68. The T stage of gastric cancer which invades fourth layer on endoscopic ultrasound :
- (A) T1
 - (B) T2
 - (C) T3
 - (D) T4

69. All are true statements regarding peptic ulcer disease with gastric outlet obstruction. except :
- (A) Balloon dilatation of pylorus associated with high failure rate.
 - (B) Less than half of patients have associated H pylori infection.
 - (C) Surgery is the initial treatment of choice.
 - (D) Truncal vagotomy with antrectomy is the procedure of choice.
70. All are true statements regarding management of short bowel syndrome, except :
- (A) Permanent parenteral nutrition is likely in children with bowel length less than 60 cm.
 - (B) Oral calcium supplement decrease the incidence of calcium oxalate stones.
 - (C) Amino acid composition of PN should include the essential acid taurine.
 - (D) Use of octreotide can interfere with intestinal adaptation.
71. True statement regarding acute mesenteric ischemia :
- (A) Usually due to embolus and is common in males
 - (B) Emboli are usually cardiac – arterial type
 - (C) Thumb printing sign on imaging helps in early diagnosis
 - (D) Proximal jejunum is spared of ischemia in thrombotic acute mesenteric ischemia
72. True statement regarding anatomy of liver :
- (A) Left portion of caudate lobe is also known as caudate process.
 - (B) Right portal scissura contains right portal pedicle.
 - (C) Left posterior section contains segment 2 and 3.
 - (D) Rouvier sulcus contains right posterior sectoral pedicle.
73. A 45-year-old female patient had locally advanced gallbladder cancer with jaundice. Preoperatively patient underwent endoscopic drainage of right hepatic duct. On laparotomy, she was found to have involvement of both portal vein and hepatic artery. Hence planned for segment 3 bypass. All the following approaches are used for segment 3 bypass, except :
- (A) Through umbilical fissure
 - (B) Liver split to left of umbilical fissure
 - (C) Liver split to right of umbilical fissure
 - (D) Peripheral approach after wedge excision of segment III

74. A 55-year-old male presented with painless progressive jaundice. On evaluation with CECT abdomen, he was found to have locally advanced pancreatic cancer with doubtful infiltration of SMA at its origin from aorta. The preferred artery first approach in this patient is :
- Superior approach
 - Inferior infracolic (mesenteric) approach
 - Medial uncinata approach
 - Inferior supracolic (Anterior) approach
75. A 55-year-old female was diagnosed to have 4 cm hepatocellular cancer in segment IV of liver with bile duct thrombus. All are treatment options for this patient, except :
- Left hepatectomy with Extra-hepatic bile duct resection
 - Anatomic resection of segment IV, choledochotomy and peeling off of bile duct thrombus
 - Liver transplantation
 - Curative surgery is contraindicated in hepatocellular cancer patient with bile duct thrombus
76. Rex Ramus arcuatus refers to portal pedicle supplying :
- Segment V
 - Segment VI
 - Segment VII
 - Segment VIII
77. All of the following liver function tests assess microsomal function, except :
- Aminopyrine breath test
 - Galactose elimination capacity
 - Caffeine clearance
 - Lidocaine clearance
78. According to current treatment strategy based on Barcelona Clinic Liver Cancer (BCLC) criteria Sorafenib is indicated for :
- BCLC state A
 - BCLC state B
 - BCLC state C
 - BCLC state D
79. Most common hepatic tumor in children :
- Hepatoblastoma
 - Hemangioendothelioma
 - Mesenchymal hamartoma
 - Hepatocellular carcinoma

80. The rate of bleeding which can be detected by Radionuclide scanning with technetium-99m (99mTc-labeled RBC) is :
- (A) 0.01 ml/min
 - (B) 0.1 ml/min
 - (C) 1 ml/min
 - (D) 0.5 ml/min
81. All are true statements regarding liver blood flow, except :
- (A) Hepatic venous blood is normally about two-thirds saturated with oxygen.
 - (B) Reduced hepatic oxygen supply from portal blood is compensated by increase in hepatic arterial flow.
 - (C) Portal blood delivers upto 70% of oxygen to liver.
 - (D) Hepatic arterial buffer response mediated by adenosine.
- Ref. – Blumgart's fifth edition, Chapter 3
82. All are true statements regarding pyogenic liver abscess, except :
- (A) Increasing in incidence worldwide.
 - (B) Solitary pyogenic liver abscess more common in right lobe.
 - (C) Microabscesses are defined as abscess less than 0.2 cm.
 - (D) Gas forming pyogenic liver abscess are caused by E. coli.
83. All are true statements regarding Hydatid cyst of liver, except :
- (A) More common in segment VII and VIII.
 - (B) Continuous therapy was albendazole associated with more complications compared to cyclical therapy.
 - (C) Intrahepatic rupture is the most common complication
 - (D) Methemoglobinemia has been reported following use of cetrizide and chlorhexidine as scolicidal agents.
84. Skin grafted ileostomy was first described by :
- (A) Dragstedt
 - (B) Rankin
 - (C) Brooke
 - (D) Turnbull
85. Initial treatment of choice in small intestinal lymphoma :
- (A) Chemotherapy
 - (B) Radiotherapy
 - (C) Chemoradiotherapy
 - (D) Surgical resection

86. For gastric carcinoma involving antropylic region left paracardial lymph node is considered as :
- (A) Level (Group) 1 lymph node
 (B) Level (Group) 2 lymph node
 (C) Level (Group) 3 lymph node
 (D) Metastatic disease
87. All are true statement regarding colonic stricture in ulcerative colitis, except :
- (A) Occur in 5-12% of patients with chronic ulcerative colitis,
 (B) Majority of the strictures are malignant, hence multiple biopsy need to be done.
 (C) Stricture distal to splenic flexure is more likely to be benign.
 (D) These strictures can cause large lowel obstruction.
88. Ideal length of pouch in a patient with ulcerative colitis planned for restorative Proctocolectomy is :
- (A) 5-10 cm
 (B) 10-15 cm
 (C) 15-20 cm
 (D) 30 cm
89. True statement regarding choledochal cyst :
- (A) Jaundice is the common presenting symptom in infants
 (B) Todani Type IVa choledochal cyst is usually associated with choledochocele.
 (C) Forme fruste choledochal cyst is characterized by pancreatobiliary maljunction with dilatation of extrahepatic bile duct.
 (D) Spontaneous perforation of choledochal cyst common in adults.
- Ref. - Blumgart's fifth edition, Chapter 46
90. True statement regarding pathogenesis of gallstone pancreatitis :
- (A) Men with gallstone are a higher risk.
 (B) Duodenal content reflux hypothesis holds true for gallstone pancreatitis.
 (C) Common channel hypothesis comprehensively explains the pathogenesis.
 (D) Reflux of bile plays a critical role in the pathogenesis of gallstone pancreatitis.
- Ref. - Blumgart's fifth edition, Chapter 53

91. 50 year old male with acute pancreatitis was evaluated with CECT which shows 50% pancreatic necrosis with peripancreatic fluid collection. His modified CT severity score is :
- (A) 6
(B) 7
(C) 8
(D) 10
92. All are true statements regarding management of hemorrhoids, except :
- (A) Open technique of hemorrhoidectomy described by Milligan – Morgan.
(B) Mucosal ectropion is a complication of whitehead hemorrhoidectomy
(C) Transanal hemorrhoidal dearterialization first describe by Morinaga.
(D) In stapled hemorrhoidectomy pursestring suture placed 4 cm proximal to anal verge.
93. True statement regarding right sided diverticulitis :
- (A) Common in Asians
(B) Severity is more compared to left sided diverticulitis
(C) Hinchey grading used to classify severity
(D) CT accurately differentiates diverticula from malignancy
94. Portal venous system develops from :
- (A) Vitelline veins
(B) Umbilical veins
(C) Cardinal veins
(D) Hepatocardiac channel
95. Howell-Jolly bodies seen in peripheral smear after splenectomy indicate :
- (A) Nuclear remnant
(B) Denatured hemoglobin
(C) Iron granules
(D) Acanthocytes
96. All are true statements regarding Model for End stage Liver Disease (MELD) score, except :
- (A) Minimum score to put the patient on waiting list for transplant is 15.
(B) Patients with Hepatocellular carcinoma have disadvantage with MELD score.
(C) Maximum MELD score for whom transplant is offered is 40.
(D) MELD score initially introduced to predict mortality after TIPS procedure

97. All are true statements regarding anatomy of esophagus, except :
- (A) Inferior pulmonary vein represent the junction of middle and lower third thoracic esophagus.
 - (B) Azygous vein represent the junction of upper and middle third thoracic esophagus.
 - (C) Laimer's triangle located above cricopharyngeal sphincter.
 - (D) Lamina propria of esophageal mucosa also contains lymphatics.
98. All are true statements regarding corrosive injury of the esophagus, except :
- (A) Acid ingestion is the most common cause in India,
 - (B) Stent can be placed in acute phase before reepithelialization occurs.
 - (C) Tracheoesophageal fistula usually occurs around 2 months after ingestion of corrosive.
 - (D) Pseudomembrane formation on endoscopy performed within 48 hours suggest third degree burn.
99. True statement regarding achalasia cardia :
- (A) Manometric finding of vigorous achalasia is one of the cause of chest pain in patients with achalasia cardia.
 - (B) Characterised by hypersensitivity of lower esophageal sphincter to gastrin.
 - (C) Hydrostatic ballon dilation is the preferred endoscopic intervention.
 - (D) Barium swallow is the gold standard investigation for diagnosis.
100. All are the statements regarding risk factors of esophageal carcinoma, except :
- (A) Obesity is associated with decreased incidence of squamous cell carcinoma.
 - (B) Smoking is a risk factor for both squamous cell carcinoma and adenocarcinoma.
 - (C) Alcohol consumption is a risk factor for both squamous cell carcinoma and adenocarcinoma.
 - (D) Non-steroidal anti-inflammatory drugs are associated with decreased risk of both squamous cell carcinoma and adenocarcinoma.

101. Botallo's lymph nodes refer to :

- (A) Ligamentum arteriosum lymph nodes
- (B) Right recurrent nerve lymph nodes
- (C) Left recurrent nerve lymph nodes
- (D) Lymph nodes in the esophageal hiatus of the diaphragm

102. True statement regarding lymphadenectomy for carcinoma esophagus :

- (A) In standard two field lymphadenectomy only nodes along right recurrent laryngeal nerve are cleared.
- (B) In standard two field lymphadenectomy nodes along both right and left recurrent laryngeal nerve are cleared.
- (C) Isolated cervical nodal recurrence is common after two field lymphadenectomy
- (D) Overall rate of cervical lymph node metastasis documented by three field lymphadenectomy is approximately 30%.

103. True statement regarding paraesophageal hernia :

- (A) Surgery recommended even in asymptomatic patients to prevent complications.
- (B) Complete excision of the sac is recommended in all cases to decrease recurrence.
- (C) Addition of fundoplication can decrease the recurrence rate.
- (D) Usually associated with mesentericoaxial volvulus.

104. All are true statements regarding congenital tracheoesophageal fistula, except :

- (A) Gross Type C is most common type
- (B) Prevention of aspiration using preferably nasogastric sump tube to clear secretions from upper blind pouch is important component of early management.
- (C) Gastric reflux through distal TEF is reduced by maintaining infant in an upright preferably prone position.
- (D) Associated congenital anomalies is more common in pure esophageal atresia without fistula.

105. All are true statements regarding spigelian hernia, except :
- (A) It is a type of interparietal hernia.
 - (B) 90% of spigelian hernia occurs in spigelian belt which corresponds to area between umbilicus and arcuate line.
 - (C) Spigelian fascia lies lateral to semilunar line.
 - (D) Width of spigelian fascia increase from above downwards with maximum width at the level of arcuate line.
106. True statement regarding laparoscopic view of groin anatomy :
- (A) Median umbilical fold is formed by umbilical artery.
 - (B) Lateral umbilical fold is formed by inferior epigastric vessels.
 - (C) Suprapubic fossa lies lateral to medical umbilical fold.
 - (D) Medical fossa lies medial to medial umbilical fold.
107. All are true statements regarding gastric motor function, except :
- (A) Gastric pacemaker cells are located in mid body of stomach along lesser curve.
 - (B) Migrating motor complex not affected by vagotomy.
 - (C) Receptive relaxation of stomach affected by vagotomy.
 - (D) Vagotomy results in accelerated emptying of liquids.
108. All are true statements regarding duodenal diverticulization, except :
- (A) First described by Vaughan
 - (B) Performed in patients with duodenal injury
 - (C) Antrectomy, vagotomy, oversewing of duodenal stump and duodenostomy tube placement are important components of this procedure
 - (D) T tube biliary drainage is optional
109. True statement regarding surgical management of gastric ulcer :
- (A) Addition of vagotomy improves ulcer healing rate in type I gastric ulcer.
 - (B) Highly selective vagotomy is not effective in type II gastric ulcer.
 - (C) Highly selective vagotomy is associated with increased recurrence rate in type III gastric ulcer.
 - (D) Schoemaker procedure a modification of Billroth type I resection is used for type III gastric ulcer.

110. All are true statement regarding jejunogastric intussusception, except :
- (A) More common after Billroth II gastrectomy compared to simple gastrojejunostomy.
 - (B) Efferent limb is usually involved.
 - (C) Resection of the intussuscepting small bowel not required in all cases.
 - (D) Can occur in both acute and chronic forms
111. For gastric carcinoma involving antropyloric region right paracardial lymph node is considered as :
- (A) Level (Group) 1 lymph node
 - (B) Level (Group) 2 lymph node
 - (C) Level (Group) 3 lymph node
 - (D) Metastatic disease
112. All are associated with High Serum-Ascites AAlbumin Gradient, except :
- (A) Budd chari syndrome
 - (B) Myxedema
 - (C) Serosities in connective tissue disorders
 - (D) Massive liver metastases
113. True statement regarding pseudomyxoma peritonei :
- (A) Common in females
 - (B) Patients are usually symptomatic early in the course of disease
 - (C) Right hemicolectomy should be performed in all patients of Pseudomyxomaperitonei with ruptured appendice mucinous tumor
 - (D) 10-year survival rate of 50% in patients undergoing Cyto-reduction and Intra-Peritoneal Heated Chemo-therapy (IPHC)
114. True statement regarding Mallory weis tear :
- (A) Characterised by mucosal laceration just above gastro-Sophageal junction.
 - (B) Conservative therapy has high failure rate.
 - (C) Angiographic embolization is a useful treatment modality.
 - (D) In patients who require surgery total or proximal gastrectomy is the treatment of choice since recurrent bleeding is common.

115. All are true statements regarding gastric vascular ectasia, except :

- (A) Common in fundus of stomach
- (B) Affected stomach gives the appearance of watermelon.
- (C) Acute severe haemorrhage is rare
- (D) Argon plasma coagulation is the treatment of choice

116. Cryptidins are secreted by :

- (A) Goblet cells
- (B) Paneth cells
- (C) Enterocytes
- (D) Enteroendocrine cells

117. Gastric inhibitory polypeptide is produced by :

- (A) S cells
- (B) K cells
- (C) L cells
- (D) N cells

118. All are absorbed by active transport in the proximal small bowel, except :

- (A) Calcium

(B) Vitamin C

(C) Vitamin B6

(D) Vitamin B1

119. All are true statements about small bowel obstruction, except :

- (A) Adhesions secondary to previous surgery are now the most common cause of small bowel obstruction.
- (B) Primary small bowel tumors are the most common cause for malignant small bowel obstruction.
- (C) CT is useful for diagnosing bowel strangulation.
- (D) Superconducting Quantum Interference Device (SQUID) magnetometer is a non-invasive technique to detect mesenteric ischemia.

120. Most common extra intestinal manifestation of Crohn's disease :

- (A) Erythema nodosum
- (B) Peripheral arthritis
- (C) Iritis
- (D) Amyloidosis

121. All are true statements regarding Crohn's disease of the small bowel, except:

- (A) Cumulative probability of surgery increases with the increase in duration of disease.
- (B) After surgery for Crohn's disease endoscopic evidence of recurrence is detected in about 85% by 3 years.
- (C) 90% of patients undergoing operation for Crohn's disease will require more than one additional operation.
- (D) Gastrointestinal cancer is the leading cause of disease-related death in patients with Crohn's disease.

122. All are true statements regarding typhoid enteriti, except:

- (A) Perforation is the most common complication.
- (B) Perforation occurs through an ulcerated Payer patch.
- (C) Multiple perforations can occur in 25% of patients with perforation.
- (D) Simple closure of the perforation is the treatment of choice in patients with single perforation.

123. Most common symptomatic benign neoplasm of the small bowel:

- (A) Adenoma
- (B) GIST
- (C) Lymphangioma
- (D) Hemangioma

124. Most frequent secretory product of carcinoid tumors:

- (A) Chromogranin
- (B) 5 Hydroxytryptamine
- (C) 5 Hydroxyindole acetic acid
- (D) 5 Hydroxytryptophan

125. Cutaneous lesion typical of gastric carcinoids:

- (A) Diffuse erythematous rash
- (B) Violaceous rash
- (C) Prolonged flushes
- (D) Bright-red patchy flushing

126. All are true statements for duodenal diverticula, except:

- (A) Asymptomatic patients can be managed conservatively.
- (B) Sphincteroplasty is a treatment option in symptomatic patients.
- (C) Perforation is rare complication.
- (D) Lateral wall of second part of duodenum is most commonly affected.

127. Optimum management of incidentally detected Meckel's diverticulum during laparoscopic tubal ligation :

- (A) No treatment for Meckel's diverticulum
- (B) Laparoscopic diverticulectomy is the treatment of choice
- (C) Convert of laparotomy and do open diverticulectomy
- (D) Convert of laparotomy and do segmental bowel resection and anastomosis

128. All are true statements about pneumatosis intestinalis, except :

- (A) Jejunum is the most common site.
- (B) Chronic obstructive pulmonary disease is a common association.
- (C) Volvulus is a complication of pneumatosis intestinalis.
- (D) Segmental bowel resection is the treatment of choice in patients with pneumoperitoneum secondary to cyst rupture.

129. True statement about Wilkie's syndrome :

- (A) Compression is at the level of second part of duodenum.

(B) Both males and females are equally affected.

(C) Reported after proctocolectomy with ileoanal pouch anastomosis.

(D) Duodenojejunostomy is the initial treatment of choice.

130. True statement regarding nerve supply of rectum :

(A) Presacral plexus contain both sympathetic and parasympathetic fibers

(B) Lateral stalks contain only sympathetic fibers

(C) Pelvic plexus contain both sympathetic and parasympathetic fibers

(D) High IMA ligation results in impotence

131. All are electrolyte abnormalities seen in patients with impaired renal function following sodium phosphate usage for bowel preparation, except :

(A) Hyperphosphatemia

(B) Hypermagnesemia

(C) Hypokalemia

(D) Hypercalcemia

132. True statement for the management of diverticulitis :

- (A) Effective sigmoidectomy should be performed in young patients after one episode of diverticulitis to prevent recurrence.
- (B) Elective sigmoidectomy should be performed in patients > 50 years after two episodes of diverticulitis to prevent complications.
- (C) Elective sigmoidectomy is recommended after single attack of diverticulitis in immunocompromised patients.
- (D) Need for a colostomy to be fashioned increases with the increase in the attacks of diverticulitis.

133. All are true statement regarding colonic stricture in ulcerative colitis, except :

- (A) Occur in 5-12% of patients with chronic ulcerative colitis,
- (B) Majority of the strictures are malignant, hence multiple biopsies need to be done.
- (C) Stricture distal to splenic flexure is more likely to be benign.
- (D) These structures can cause large bowel obstruction.

134. All are risk factors for colonic ischemia, except :

- (A) Cocaine abuse
- (B) Long distance running
- (C) Epstein Barr virus infection
- (D) E. coli O157:H7 infection

135. Which of the following hamartomatous polyposis syndrome is not associated with increased risk of colorectal malignancy ?

- (A) Turcot's syndrome
- (B) Cowden's syndrome
- (C) Juvenile polyposis syndrome
- (D) Peutz-Jegher's syndrome

136. Longo's procedure is done for the treatment of :

- (A) Hemorrhoids
- (B) Fissure in ano
- (C) Rectocele
- (D) Anal stricture

137. First anatomic liver resection is credited to :

- (A) Hogarth Pringle
- (B) Lortat-Jacob
- (C) Berta
- (D) Quattelbaum

138. Bile formation from hepatocytes starts by :

- (A) 7 weeks
- (B) 9 weeks
- (C) 10 weeks
- (D) 12 weeks

139. Portal venous system develops from :
- (A) Vitelline veins
 - (B) Umbilical veins
 - (C) Cardinal veins
 - (D) Hepatocardiac channel
140. Which of portal vein anomaly is not described ?
- (A) PV anterior to neck of pancreas
 - (B) Pulmonary vein entering into PV
 - (C) Congenital absence of right PV
 - (D) Direct drainage of PV into vena cava
141. Regarding replaced or accessory right hepatic artery all are true, except :
- (A) 11-21% incidence
 - (B) Run behind the neck of pancreas
 - (C) It lies anterior to portal vein
 - (D) It runs in portal caval space
142. All of the following are non selective shunts, except :
- (A) Linton's shunt
 - (B) Cooley's shunt
 - (C) Sarfeh shunt
 - (D) TIPS
143. Regarding liver cell adenoma all are true, except :
- (A) More common in females
 - (B) Mostly symptomatic
 - (C) Risk of malignancy 30-50% and is dependent on size
 - (D) Shows early enhancement during arterial phase on CECT
144. Resection in HCC which is incorrect ?
- (A) Only 10-20% of patients have resectable disease
 - (B) Bleeding is the most common complication in cirrhotic liver
 - (C) Mortality rate is < 5%
 - (D) > 40% FLR is essential in cirrhotic patients
145. Removal of segment I, II, III, IV, V, VIII is termed in Brisbane terminology as :
- (A) Extended left hepatectomy
 - (B) Extended left lobectomy
 - (C) Left trisectionectomy
 - (D) Left hemihepatectomy
146. Factors associated with poor outcome after repair of biliary stricture are all, except :
- (A) Cholangitis prior to repair
 - (B) Increased attempts at repair
 - (C) Repair after ≥ 3 weeks
 - (D) Associated chronic liver disease

147. All are true about primary sclerosing cholangitis, except :

- (A) Associated with Reidel's thyroiditis
- (B) pANCA is elevated in majority and its levels correlate with disease severity
- (C) Liver biopsy shows onion skin concentric periductal fibrosis
- (D) In absence of previous biliary manipulation acute ascending cholangitis is uncommon

148. True about gall bladder cancer are all, except :

- (A) 90% originate in fundus or body
- (B) 40% are metastatic at presentation
- (C) Pancreatic involvement is a contraindication for curative surgery
- (D) Type of gall stone does not correlate with incidence of gall bladder cancer

149. Pancreatic necrosis is best visualized in following phase of CT :

- (A) Early arterial
- (B) Late arterial
- (C) Portal venous
- (D) Delayed venous

150. True about autoimmune pancreatitis are all, except :

- (A) More common in men
- (B) Type 2 associated with increased IgG4
- (C) 80% patients > 50 yrs of age
- (D) Type 1 is associated with lymphoplasmacytic infiltrates

151. 70 yrs old Female patient presented with upper abdominal pain. Evaluation revealed cystic neoplasm in head of pancreas with high amylase, CEA and positive mucin stain in cystic fluid analysis. Most likely diagnosis is :

- (A) Pseudocyst
- (B) Serous cystic neoplasm
- (C) Mucinous cystic neoplasm
- (D) Intraductal papillary mucinous neoplasm

152. Pancreaticoduodenectomy was first described by :

- (A) Kausch
- (B) Whipple and Parsons
- (C) Trimble
- (D) Cameron

153. Most common cause of morbidity following pancreaticoduodenectomy :
- (A) Pancreatic fistula
 - (B) Delayed gastric emptying
 - (C) Intra abdominal abscess
 - (D) Hemorrhage
154. Most common site of accessory spleen is :
- (A) Splenic hilum
 - (B) Greater omentum
 - (C) Gastrosplenic ligament
 - (D) Splenorenal ligament
155. True regarding abscess of the spleen are all, except :
- (A) Majority of splenic abscess result from hematogenous spread from other sites.
 - (B) Both Gram positive and gram negative organisms are responsible for abscess of spleen.
 - (C) Splenomegaly is present in most of the patients.
 - (D) 2/3rd of the splenic abscess are solitary in adults.
156. True statement regarding Immune Thrombocytopenic Purpura (ITP) :
- (A) Most common in men in their 20s
 - (B) Frequently cured in adults by corticosteroid administration
 - (C) Usually requires splenectomy in children
 - (D) Is in remission in more than 80% of patients with splenectomy
157. Recommended treatment for a 50-year old male with Laennec's cirrhosis, portal hypertension and hypersplenism. He has no history of gastrointestinal bleeding :
- (A) Splenectomy
 - (B) Prophylactic sclerotherapy for esophageal varices
 - (C) Portosystemic shunt
 - (D) Observation
158. Allograft rejection involves all of the following, except :
- (A) Helper T cells
 - (B) Veto cells
 - (C) Cytotoxicity
 - (D) Cytokines
159. All of the following statements about Fulminant Hepatic Failure (FHF) are true, except :
- (A) Fulminant hepatic failure can occur in the setting of pre-existing chronic liver disease.
 - (B) Coagulopathy and coma are important findings in patients with FHF.
 - (C) The main cause of death in these patients is cerebral edema.
 - (D) One of the most important factors in prognosis of FHF is the cause of liver disease.

160. Which of the following changes occurred after the implementation of the MELD system of organ allocation for liver transplantation ?
- (A) Increased national median waiting time
 - (B) Reduction of wait-list mortality
 - (C) Increased allocation of organs to less ill patients
 - (D) Identification of a threshold for patients too ill to transplant
161. Which of the following would be an absolute contraindication to liver transplantation ?
- (A) Coronary heart disease status post-coronary artery by pass grafting
 - (B) Documented hepatocellular cancer with three lesions, the largest lesion being 2.9 cm
 - (C) Human immunodeficiency virus infection
 - (D) Mechanical ventilation in a patient with ongoing requirement for blood pressure support in the setting of infection
162. All are true statements regarding Orthotopic Liver Transplantation (OLT), except :
- (A) Survival rate now in all patients are 86% in 1 year
 - (B) Malignancy accounts for approx 10% of all the OLT
 - (C) Fatigue alone is not an indication for liver transplant in primary biliary cirrhosis
 - (D) SBP (Spontaneous Bacterial Peritonitis) is an indication of liver transplant in cirrhotic patients
163. All are true regarding laparoscopic sleeve gastrectomy, except :
- (A) Dumping syndrome is avoided
 - (B) Ghrelin level is reduced after surgery
 - (C) High incidence of internal hernias as compared to laparoscopic roux en y gastric by pass (RYGB)
 - (D) Reduction in malabsorption as compared to laparoscopic RYGB
164. Preferred bariatric surgery for the patient with Crohn's disease and morbid obesity is :
- (A) Roux en Y gastric by pass
 - (B) Laparoscopic adjustable gastric banding
 - (C) Biliopancreatic diversion and duodenal switch
 - (D) Laparoscopic sleeve gastrectomy

165. Who is considered Father of Bariatric Surgery ?
- (A) Buchwald H.
 - (B) O'Brien PE
 - (C) Maggard MA
 - (D) Edward E. Mason
166. All are poor prognostic factors in patients with hepatic metastasis from colorectal cancer, except :
- (A) Node positive primary
 - (B) Location of primary (colon or rectum)
 - (C) Markedly elevated CEA levels
 - (D) Size more than 5 cm
167. Domino liver transplantation first performed in patients with :
- (A) Familial amyloidotic polyneuropathy
 - (B) Primary hyperoxaluria
 - (C) Protein C deficiency
 - (D) Urea cycle disorders (citrullinemia)
168. Esophageal lining epithelium at the initial state of development is :
- (A) Simple columnar epithelium
 - (B) Pseudostratified columnar epithelium
 - (C) Simple squamous epithelium
 - (D) Pseudostratified squamous epithelium
169. Congenital ectopic columnar cells are common in which part of esophagus in the new born :
- (A) Upper esophagus
 - (B) Mid esophagus
 - (C) Lower esophagus
 - (D) Gastroesophageal junction
170. All the following are points of constriction along the normal esophagus, except ?
- (A) At 15 cm from incisor teeth-crico-pharyngeal sphincter
 - (B) At 22 cm-aortic arch
 - (C) At 27 cm-right main bronchus crossing anteriorly
 - (D) At 38-40 cm – where it pierces diaphragm
171. Killian-Jamison diverticula is located :
- (A) Above cricopharyngeus in posterior midline
 - (B) Above cricopharyngeus in lateral location
 - (C) Below cricopharyngeus in posterior midline
 - (D) Below cricopharyngeus in lateral location

172. Regarding smoking and alcohol as risk factors in esophageal cancers all are true statements, except :
- (A) Major contributing factors for SCC
 - (B) Independent risk factors for Adenocarcinoma
 - (C) Effects are multiplicative for SCC
 - (D) Alcohol has no relation to adenocarcinoma
173. All the following vitamins are protective against esophageal cancer, except :
- (A) Vitamin A
 - (B) Vitamin C
 - (C) Vitamin D
 - (D) Vitamin E
174. Regarding Focal nonepidermolytic palmoplantarkeratoderma, all are true, except :
- (A) Autosomal recessive inheritance
 - (B) Hyperkeratosis of palms and soles and esophageal papillomas
 - (C) Extremely high risk of esophageal carcinoma
 - (D) Tylosis Esophageal Cancer (TOC) Gene – 17q25 – coding “Envoplakin”
175. All are true statements about Patterso-Kelly syndrome, except :
- (A) Iron deficiency anemia, brittle fingernails, splenomegaly, glossitis, cheilitis and esophageal webs are components
 - (B) 10% develop hypopharyngeal or esophageal SCC
 - (C) Males are predisposed
 - (D) Also referred to as Plummer-Vinson syndrome
176. Mackler's triad includes all the following, except :
- (A) Retching
 - (B) Vomiting
 - (C) Thoracic pain
 - (D) Cervical subcutaneous emphysema
177. Howship-Romberg sign seen in :
- (A) Superior lumbar hernia
 - (B) Inferior lumbar hernia
 - (C) Obturator hernia
 - (D) Anterior perineal hernia

178. All are true statements regarding torsion testis, except :
- (A) Loss of spermatogenesis occurs within 6 hours of torsion
 - (B) Intravaginal is the most common type
 - (C) Peak incidence seen between 13-16 years
 - (D) Extravaginal type common in newborns
179. All are contraindications to radical surgery for ca esophagus, except :
- (A) Horner's syndrome
 - (B) Vocal cord palsy
 - (C) Pericardial involvement
 - (D) Tracheoesophageal fistula
180. Malignant Tracheo esophageal fistula is best treated by :
- (A) Radiotherapy
 - (B) Chemotherapy
 - (C) Stenting
 - (D) Surgical resection
181. Nodal station 7 for ca stomach corresponds to :
- (A) Common hepatic artery node
 - (B) Left gastric artery node
 - (C) Right gastric artery node
 - (D) Hepatoduodenal ligament nodes
182. All are true regarding diffuse type gastric cancers, except :
- (A) Common in low incidence regions
 - (B) Common in women
 - (C) Common in older patients
 - (D) Familial association
183. Regarding Lugol's solution used in chromoendoscopy all are true statements, except :
- (A) Used primarily for identifying squamous dysplasia and early SCC of the esophagus
 - (B) Used primarily in Barrett's esophagus and for the detection of gastric intestinal metaplasia
 - (C) Absorptive stain
 - (D) Taken up by specific epithelial cells
184. Minimal number of nodes to be sampled for adequate nodal dissection as per TNM guidelines for carcinoma stomach is :
- (A) 10
 - (B) 16
 - (C) 20
 - (D) 24

185. False statement about gastric lymphoma is :

- (A) Most common site of GI lymphoma is stomach.
- (B) Associated with H. pylori infection.
- (C) Total gastrectomy with adjuvant chemotherapy is the treatment of choice.
- (D) 5 yr. survival is around 60%.

186. Most common site of gastric rupture in blunt gastric injury :

- (A) Anterior wall
- (B) Greater curve
- (C) Lesser curve
- (D) Posterior wall

187. Most common complication of jejunal diverticula :

- (A) Hemorrhage
- (B) Perforation
- (C) Obstruction
- (D) Malabsorption

188. According to Forrest classification for risk of rebleeding in peptic ulcer adherent clot is classified as :

- (A) Ib
- (B) IIa
- (C) IIb
- (D) IIc

189. All are pathological changes in bile reflux gastritis, except :

- (A) Increase in parietal cell mass
- (B) Hemorrhage
- (C) Atrophy
- (D) Intestinalization of the Apithelial surface

190. In laparoscopic sleeve gastrectomy all are true statements, except :

- (A) Sleeve resection is begun within 2 cm proximal to the pylorus.
- (B) Larger (4.8 mm) staple height is recommended for the antral tissue.
- (C) Bougie placed in the stomach to guide stapling.
- (D) Oversewing the staple line provides no clear benefit in preventing leaks.

191. All are true statements regarding gastroparesis, except :

- (A) Gastroparesis common in females
- (B) For scientigraphic assessment of gastric motility solid meals better than liquid meals.
- (C) Response to boutulinum toxin injection of pyloric sphincter better in males.
- (D) High frequency gastric electric stimulation produce better response than low frequency stimulation.

192. All are true statements regarding small bowel lymphoma, except :
- (A) Most common intestinal neoplasm in children less than 10 year.
 - (B) Ileum is the most common site.
 - (C) T cell lymphomas are more chemosensitive than other cell types.
 - (D) 5 year survival around 60%
193. All are true statements regarding "body packer", except :
- (A) Hashish was the substance used in the first reported case.
 - (B) Conservative therapy has high failure rate.
 - (C) Can present with intestinal obstruction.
 - (D) Endoscopic removal not recommended.
194. Most common benign lesion of stomach :
- (A) Epithelial polyp
 - (B) Inflammatory polyp
 - (C) Leiomyoma
 - (D) GIST
195. All are true statements regarding endometriosis of small bowel, except :
- (A) Occurs on the surface of small bowel.
 - (B) Can cause intestinal obstruction.
 - (C) Respond poorly to hormonal therapy.
 - (D) Segmental excision is the preferred surgical treatment.
196. True statement regarding secondary small bowel volvulus :
- (A) Common in Asians
 - (B) Young males are commonly affected
 - (C) Usually secondary to post-operative adhesions
 - (D) CT is the investigation of choice for diagnosis
197. True statement regarding duplication of small bowel :
- (A) Tubular duplication most common type
 - (B) Ectopic gastric mucosa more common in tubular duplication
 - (C) Resection and anastomosis is the treatment of choice in cystic but not tubular duplication
 - (D) Cystic duplication not tubular duplication share common blood supply with the intestine

198. The following colonic polyps are not premalignant :

- (A) Juvenile polyps
- (B) Hamartomatous polyps with Peutz-Jegher syndrome
- (C) Villous adenoma
- (D) Tubular adenoma

199. Gardner's syndrome characterized by :

- (A) Polyposis coli, ca thyroid and skin tumors
- (B) Polyposis in jejunum, pituitary adenoma and skin tumors

(C) Polyposis coli, osteomas, epidermal inclusion cysts and fibrous tumours in skin

(D) Polyposis of GIT, cholangio-carcinoma and skin tumour

200. Peutz-Jegher syndrome is characterized by mutation of :

- (A) Chromosome 18
- (B) Chromosome 23
- (C) Chromosome 19
- (D) Chromosome 20

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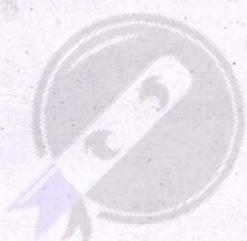
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