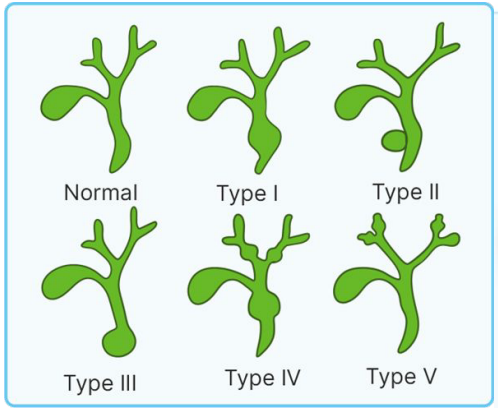
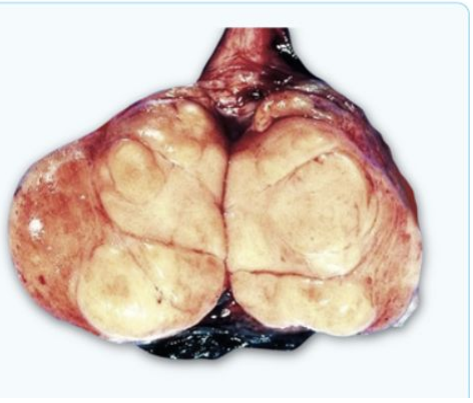
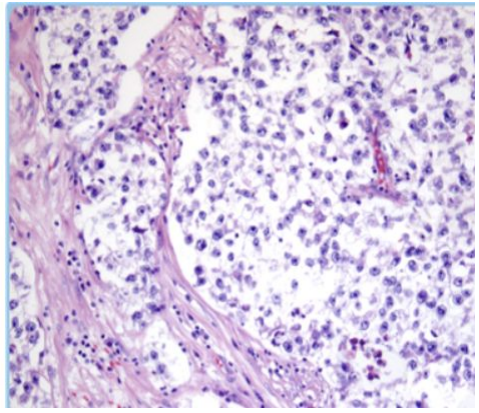
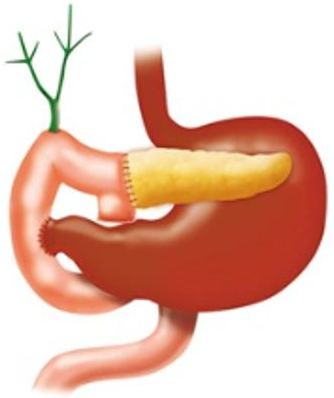
SURGERY









1. A 5-day-old neonate presents with sudden onset bilious vomiting and abdominal distension. The baby appears irritable and dehydrated. An abdominal X-ray shows a double bubble appearance with paucity of distal bowel gas. Upper GI contrast study reveals abnormal position of the duodenojejunal junction to the right of the midline with corkscrew appearance of the proximal small bowel. What is the most appropriate surgical management?

a. Ramstedt pyloromyotomy

b. Kasai portoenterostomy

c. Ladd procedure

d. Duodenoduodenostomy

CHPS : 3 wks

B.A

DA

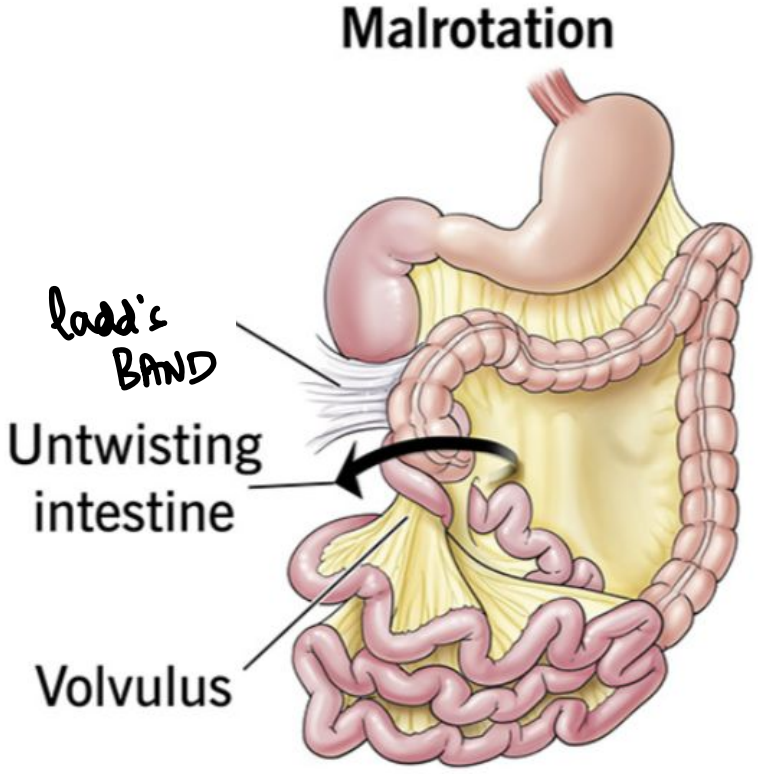
Malrotation of gut ⊂

Ladd's Band ⊆ Volvulus

PERITONEAL FIBROUS BAND

- abn placed caecum High
- Ant abdo. wall

- Bilious vomiting in neonate + Abnormal DJ junction position + Corkscrew appearance



2. A 45-year-old woman presents with complaints of vomiting of previous day food items for the past 3 months. She also complains of early satiety and significant weight loss. On examination succussion splash is heard four hours after the last meal. UGI endoscopy is scheduled for coming morning. Which is most probable diagnosis?

BORCHARDT TRIAD

a. Acute gastric volvulus

b. Gastric outlet obstruction

c. Achalasia cardia

d. Oesophageal malignancy

OJ: child

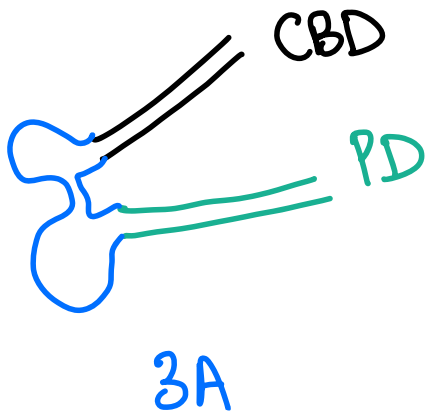
3. The following schematic shows a choledochal cyst. Which of the of the following is correct diagnosis and its intervention?

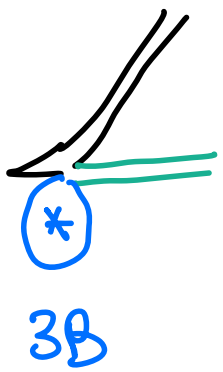
a. Type III A, endoscopic sphincterotomy

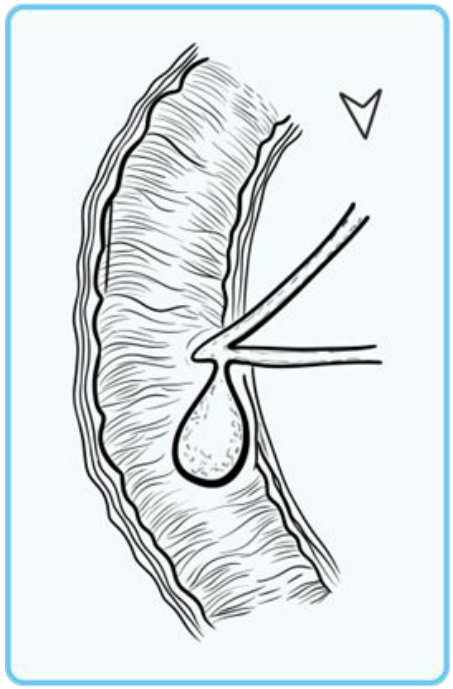
b. Type III B, excision and reconstruction

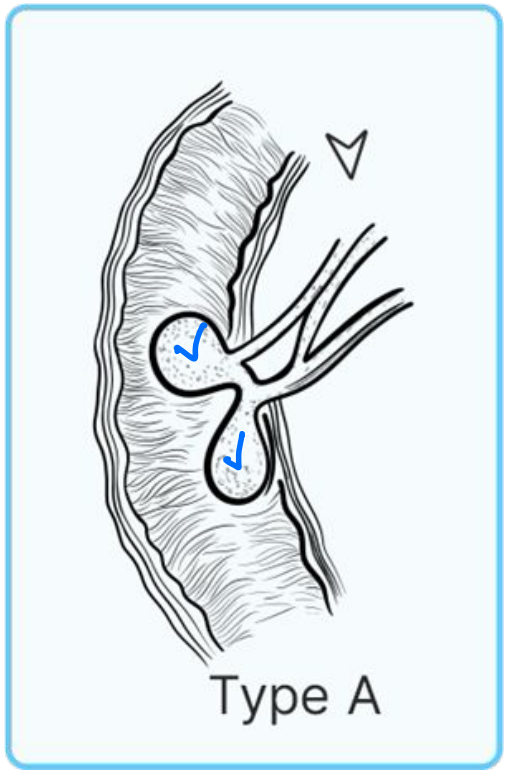
c. Type III B, endoscopic sphincterotomy

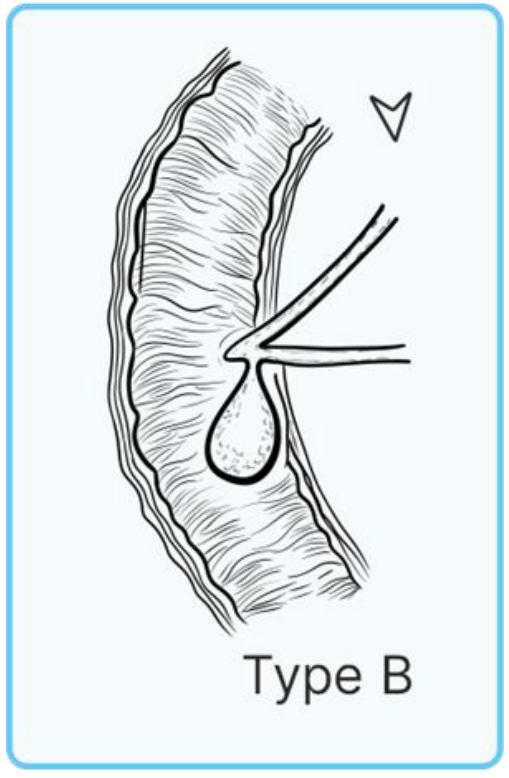
d. Type III A, excision and reconstruction

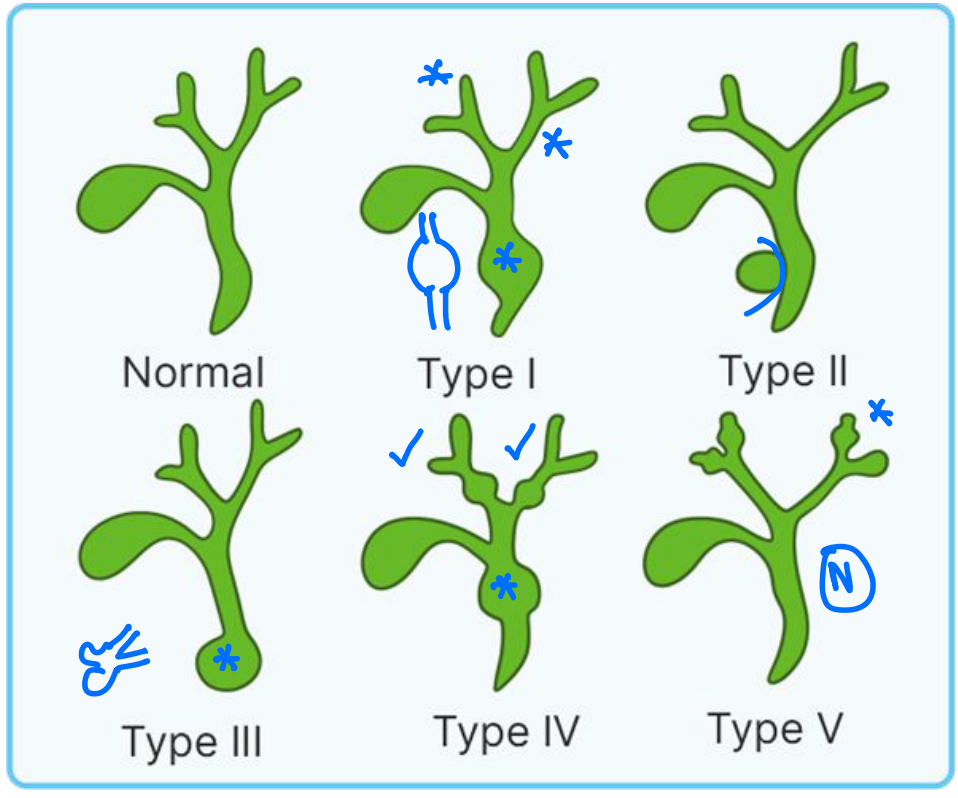







Type A


Type B


Normal
Type I
Type II
Type III
Type IV
Type V

Type	Subtype	Description	Key feature	Management
Type I	IA	Diffuse cystic dilatation of entire CBD	Large cystic swelling	Excision + Roux-en- Y hepaticojejunostomy
	IB	Focal segmental dilatation of CBD	Localized outpouching	Excision
	IC	Fusiform dilatation of CBD	Uniform spindle –shape	Excision + hepaticojejunostomy
Type II	-	True diverticulum of CBD	Saccular outpouching	Simple excision

Type	Subtype	Description	Key feature	Management
Type III (Choledochocele)	IIIA	Intraduodenal cyst involving both CBD & Pancreatic duct opening into cyst	Both ducts communicate with cyst	Endoscopic shincterotomy
	IIIB	Intraduodenal cyst involving CBD only (separate pancreatic duct opening)	Only CBD communicates	Endoscopic sphincterotomy
Type IV	IVA	Multipole intra + extrahepatic cysts	Both ducts involved	Excision + biliary reconstruction
	IVB	Multiple extrahepatic cyst only	No intrahepatic involvement	Excision
Type V (Caroli Disease)	-	Multiple intrahepatic cyst	Central dot sign	Segmental resection / transplant (if diffuse

4. A 4-week-old infant presents with projectile non-bilious vomiting for 1 week. On examination, the baby is dehydrated. Labs show: Na^+ = 138 mEq/L, K^+ = 3.1 mEq/L, Cl^- = 82 mEq, Calcium=7.5 mg/dl. ABG shows pH: 7.48, pCO2= 47 mm Hg and HCO3=32 meq/L. What is the most appropriate initial management?

a. Start IV 5% dextrose with potassium

b. Immediate Ramstedt pyloromyotomy

c. IV Normal Saline

d. IV Ringer lactate

K ↓
Cl ↓
Ca ↓
M. alkalosis

L : HCO_3^- +++

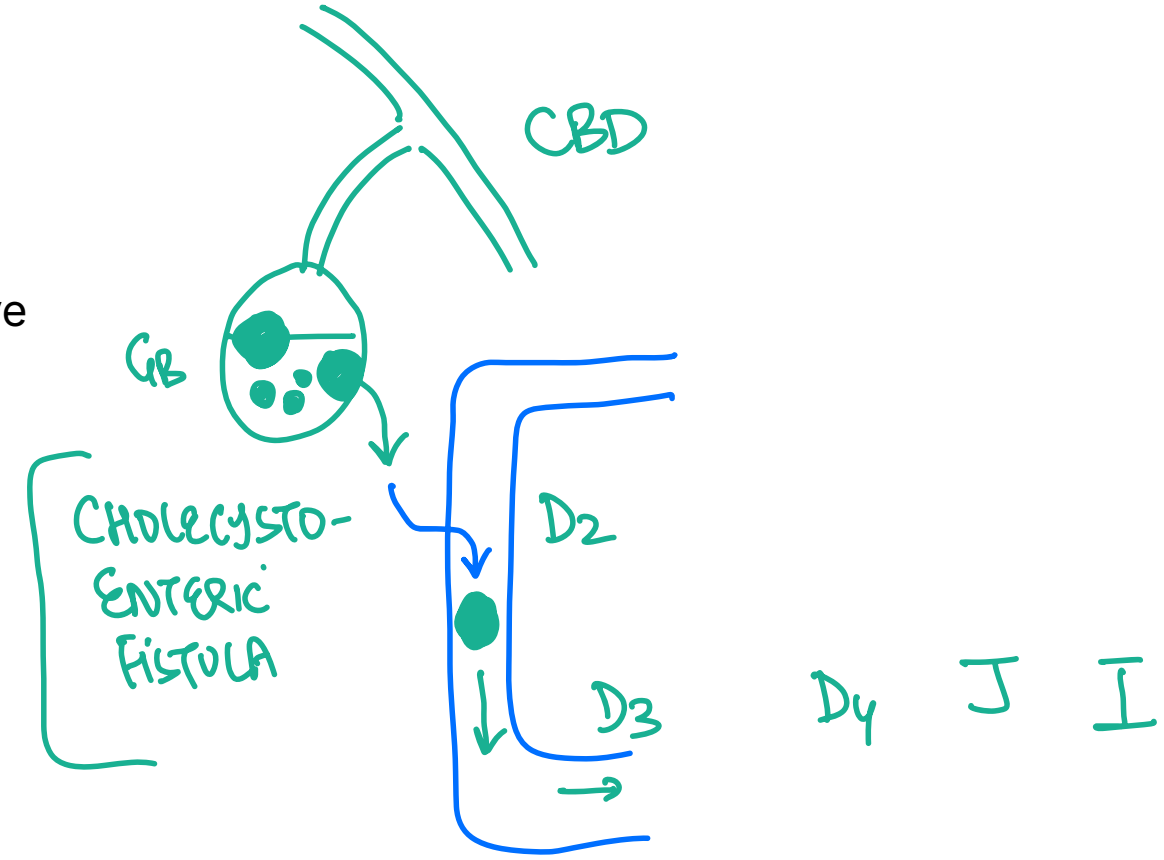
5. What is the site of impaction in Gallstones ileus

a. Hartmann pouch

b. Ampulla of vater

c. Ileo-caecal valve

d. 60 cm proximal to ileo-caecal valve



Rigler's

Triad

1. -Small bowel obstruction
2. -Pneumo-bilia
3. -Mineral shadow on X Ray abdomen

6. Which of the following is correct endoscopic finding seen in patients with achalasia cardia?

a. Smooth tapering of lower 1/3rd of 0esophagus

b. Puckering of lower end of 0esophagus

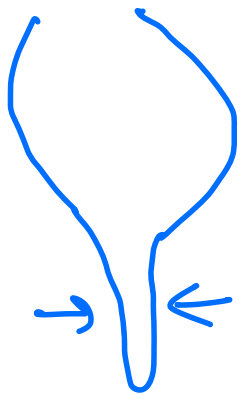
c. Irregular filling defect in lower one third of oesophagus

d. Focal luminal narrowing

Ba swallow

LES Tone ↑

Malignancy



7. A 19-year-old male presents with low grade fever off and-on and recurrent episodes of right iliac fossa pain for the past 1 year. He underwent appendectomy 2 years ago for acute appendicitis. His current examination shows mild RIF tenderness. Abdominal CT scan shows a structure connected to ileum with a fibrous band extending toward the umbilicus. Which of the following is the most likely diagnosis?

a. Stump appendicitis

b. Appendicular carcinoid

c. Meckel's diverticulum

d. Ileocaecal tuberculosis

* RIF pain + PERSISTS

Remnant of vitellointestinal duct

→ STRICTURE ileum

→ flushing episodes, diarrhea, asthma: ♡: TIPS

V.I.D Remnants

Anomaly	Description	Clinical presentation
Meckel's diverticulum	Persistent proximal part only	RIF pain, bleeding, obstruction
Vitellointestinal fistula	Entire duct remains patent	Fecal discharge from umbilicus
Umbilical sinus	Distal part patent	Mucus discharge from umbilicus
Fibrous band	Obliterated duct forms fibrous cord	Intestinal obstruction
Vitelline cyst (enterocyst)	Central part persists	Midline cyst between ileum & umbilicus
Umbilical polyp	Persistent intestinal mucosa at umbilicus	Red moist umbilical lesion

RULE OF 2

2 inches

2 : 1 : M = F

2% population

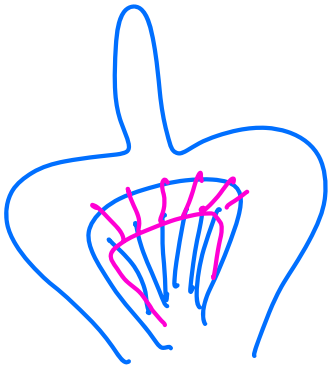
2% symptomatic

2% ileo caecal jts

2% stomach mucosa
pancreatic "

^{99m}Tc PERTECHNATE SCAN

anti mesenteric BORDER



* MAROON color stool : Child / Teen
PAINLESS

MC HEMATOCHEZIA ⇒ INFANT / TODDLER

PAINLESS

1. RECTAL POLYP
2. MECKEL'S D

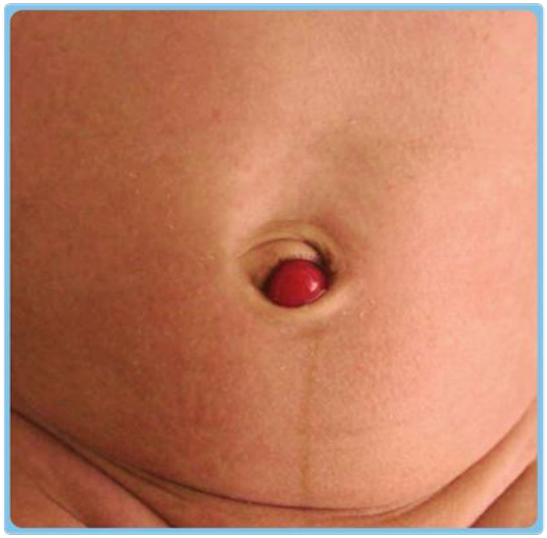
8. What is the most appropriate initial management for the condition shown below?

a. Surgical excision

b. Parenteral vitamin K

c. Application of silver nitrate

d. Pressure bandage with coin



* UMBILICAL GRANULOMA
VS
// POLYP

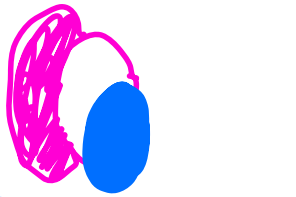
9. A 26-year-old man presents with a gynecomastia and dragging sensation in the groin. On examination a painless testicular mass is noted with nodularity. His weight has decreased by 5 kg in last one month. Baseline work up shows anemia with elevated LDH. Which is correct about this condition?

a. Homogeneous, gray-white lobulated cut surface of tumor — Cut POTATO appp

b. Sheets of uniform cells with clear cytoplasm separated by fibrous septa with lymphocytes — FRIED egg

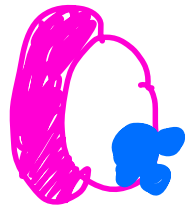
c. Poor response to chemotherapy — NSGCT : Hematogenous

d. Enlarged left supraclavicular lymph node — TROISER SIGN



lymphatics

* Nodularity



* β-hcg ↑ : LH ↑

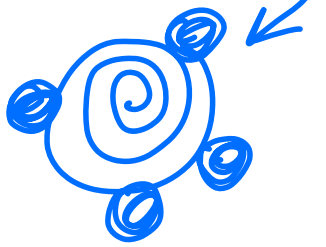
estrogen ++

♂ : gynaecomastia

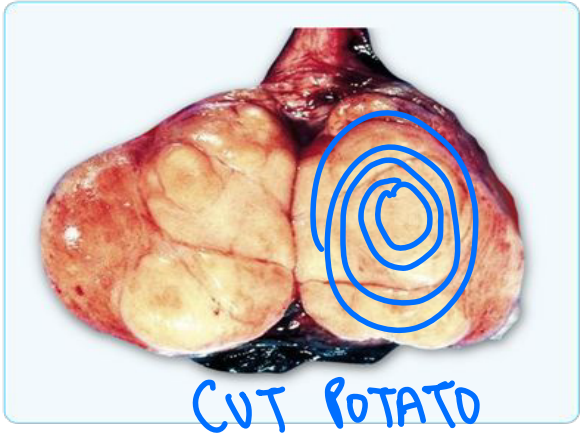
NSGCT : mediastinum

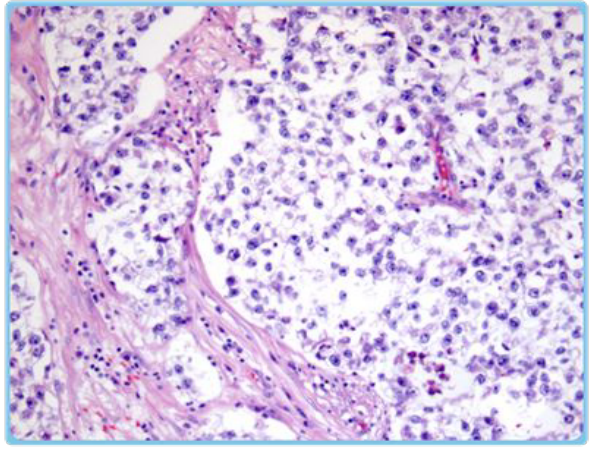
B = bleomycin
E = etoposide
P = CISPLATIN

NSGCT



FREID EGG appN





= seminoma

10. A 55-year-old man presents with vague abdominal discomfort and intermittent melena. CT abdomen reveals a well-defined exophytic hypervascular mass arising from the stomach wall without evidence of metastasis. What is the treatment of choice for this patient?

a. Imatinib therapy

b. Wide surgical resection with lymph node dissection

c. Complete surgical resection with negative margins

d. Radiotherapy followed by surgery

localised : GIST

imaging: CECT / PET|CT

- C-KIT mutation
- CD117
- DOG1

Bx: ☹ GIST

Tumor spill OVER

11. A 30-year-old patients presents fever and right upper quadrant pain that is radiating to right shoulder. Ultrasound shows an abscess in right lobe of liver measuring 3 × 3 cm. which is correct line of management of this case?

a. IV albendazole

b. IV metronidazole

c. IV metronidazole + USG guided drainage

d. IV metronidazole + USG guided drainage + pig tail catheter for residual drainage

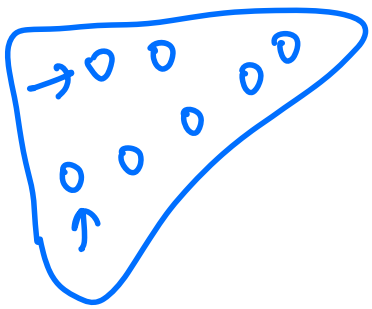
Amoebic liver abscess

Aspiration

1. Rt lobe: size > 5cm

2. Lt lobe: any size

Risk of RUPTURE



HG FEVER c chills

Hepatomegaly

? pyogenic liver abscess

Drainage is indicated ONLY if:

- Abscess > 5 – 10 cm
- Left lobe (risk of rupture into pericardium)
- Impending rupture
- No improvement after 72 hours
- Features of bacterial (pyogenic) abscess

Hydatid cysts

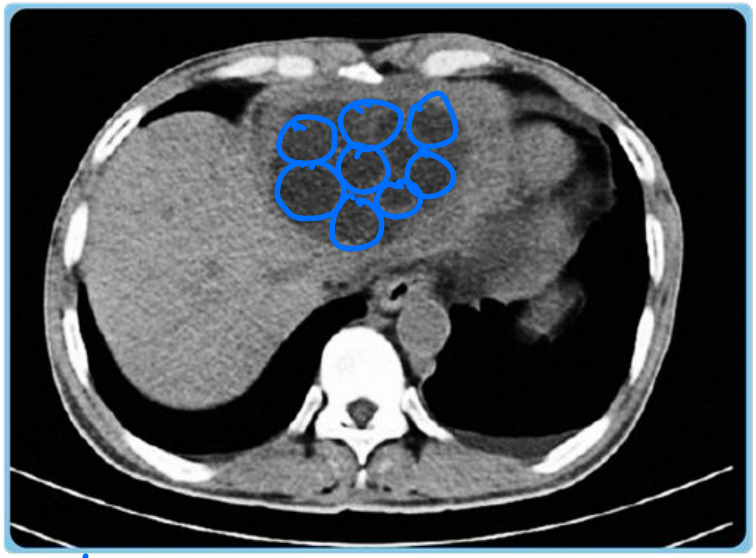
12. A 32-year-old farmer presents with dull right upper quadrant pain for 3 months. CT abdomen is shown below. There is no fever or past history of blood diarrhea. Which of the following is the next best step in management of this condition?

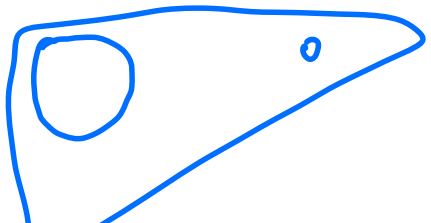
a. Draw blood sample for hydatid serology

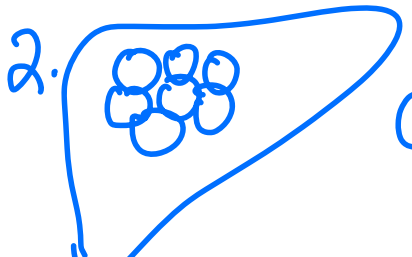
b. Perform aspiration of cysts and send for serology → Anaphylaxis

c. Schedule for PAIR

d. Give trial of albendazole for 4 weeks followed by reassessment

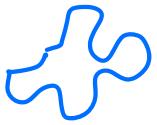


ALA
1. Amoebic serology +
2. 

Δ → H. cysts
1. Hydatid serology +
2. 
CE stg → Rx: A. Albendazole
B. PAIR

CE I — Hydated SAND + Simple cyst

Stg 2 — multiple daughter cyst

3 — H_2O lily sign 

PAIR ☹ 4 — Solid degenerated cysts

X 5 — Calcified cysts

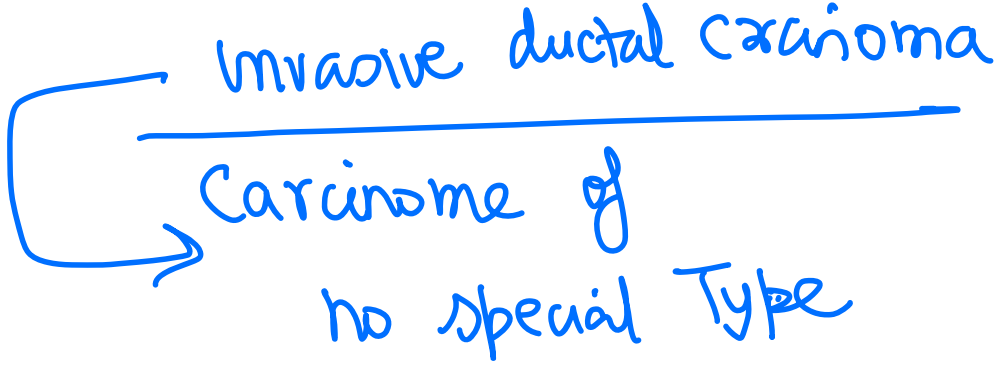
13. A 52-year-old postmenopausal woman presents with a hard, irregular lump in the upper outer quadrant of the right breast. The mass is non-tender and appears fixed to the surrounding breast tissue with mild skin dimpling. Core biopsy report is pending. Which of the following is the most common histological type of breast cancer overall?

a. Ductal carcinoma in situ (DCIS)

b. Invasive lobular carcinoma

c. Carcinoma of no special type (NST)

d. Medullary carcinoma



T –Stage	Description
T1	Tumor ≤ 2 cm
T2	Tumor > 2 cm but ≤5 cm
T3	Tumor > 5 cm
T4	Tumor of any size with direct extension to chest wall or skin
T4A	Extension to chest wall (excluding pectoral fascia)
T4B	Skin ulceration or peau d’orange (orange peel appearance)
T4C	Both chest wall extension and skin ulceration
T4D	Inflammatory breast cancer (with peau d’orange appearance)

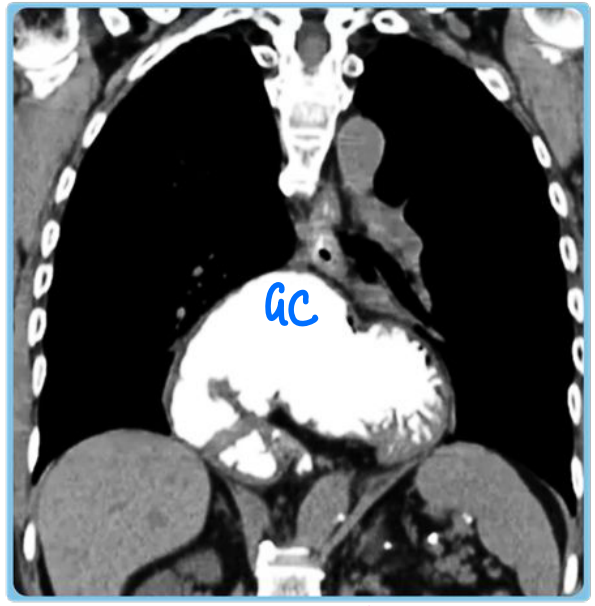
14. A 62-year-old male presents with sudden onset severe epigastric pain and repeated retching without vomiting. On examination, the upper abdomen is distended and tender. Multiple attempts to pass a nasogastric tube fail. CT with oral contrast is shown. Which of the following is the most likely diagnosis?

a. Acute organo-axial volvulus

b. Acute Mesenteroaxial volvulus

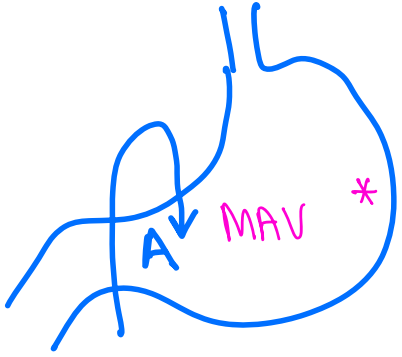
c. Pseudo-pancreatic cyst

d. Perforated duodenal ulcer



- Epigastric pain
- Vomiting x : Retching ✓
- NG TUBE Cant be inserted
-

BORCHARDT TRIAD



NG TUBE

length : * 110 - 125 cm

markings : 45 55 65 75 cm

> LES mid pylorus duodenum

stomach

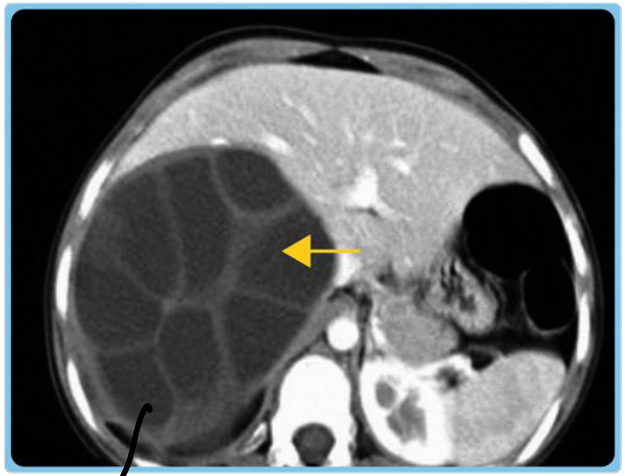
15. A 30-year-old butcher presents with mass in right upper quadrant. On examination increased liver span is noted. CT abdomen is shown below. Which of the following is not correct about this condition

a. Gharbi classification was used for radiological assessment

b. Can rupture into biliary tree causing cholangitis

c. CE 2 stage shows multiple daughter cysts

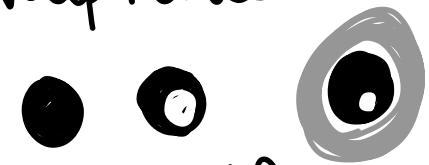
d. PAIR is best for management of CE5 cysts



CART wheel +

NCC: Calcified CYSTS

Rx: Valproate

NCC: 

DEXONA → albendazole + praziquantel

Hydatid cyst – WHO – IWGE Classification

Stage	Activity	Imaging features	Treatment
CE1	Active	Unilocular, anechoic cyst	Albendazole ± PAIR
CE2	Active	Multiple daughter cysts (rosette pattern)	Surgery preferred ± Albendazole
CE3a	Transitional	Detached membrane (water –lily sign)	Albendazole ± PAIR
CE3b	Transitional	Daughter cysts in solid matrix	Surgery preferred
CE4	Inactive	Heterogeneous, degenerating cyst	Observation
CE5	Inactive	Thick calcified wall	Observation

16. 29-year-old man presents with rectal bleeding for 3 weeks. He also complains of tenesmus and a constant feeling of incomplete evacuation. Proctoscopy reveals diffusely inflamed rectal mucosa with superficial ulcerations at 3^0clock and 6^0clock. What is the most likely diagnosis?

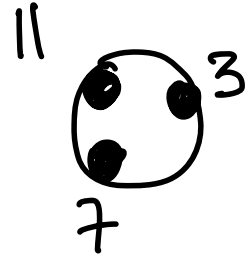
a. Internal haemorrhoids

b. Colorectal cancer

c. Proctitis

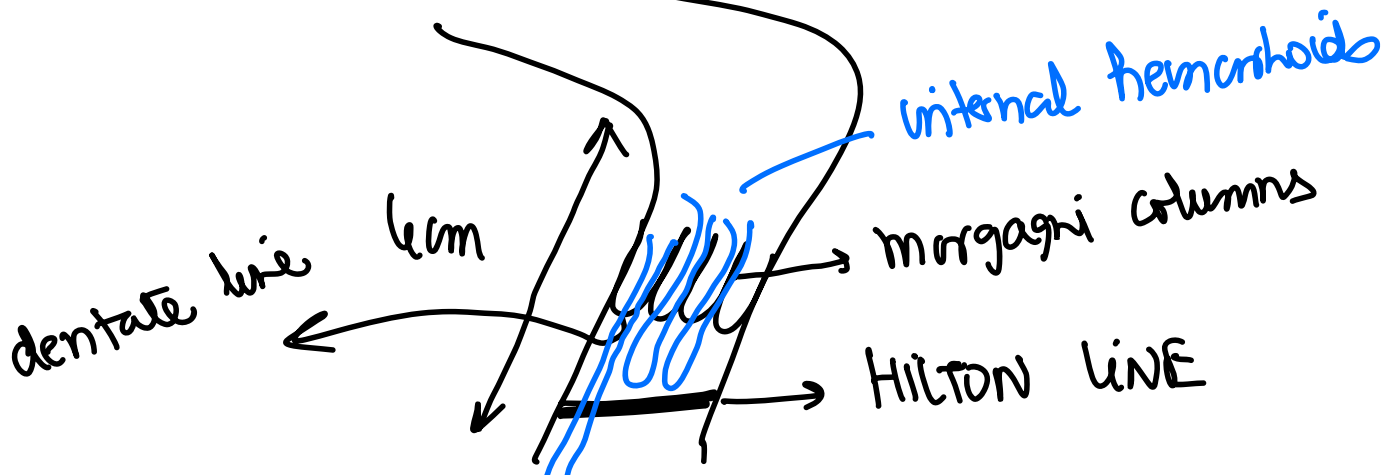
d. Anal fissure

LONG HISTORY



VEINS prolapsing

mid line TEAR



Anus

17. Match the following

A. Phrygian cap	1. Aberrant connection between obturator artery and external iliac artery
B. Riedel lobe	2. Enlarged isthmus of thyroid gland
C. Moynihan's hump	3. Tortuous right hepatic artery
D. Corona mortis	4. Normal gall bladder appearance
	5. Right lobe of liver aberrancy

a. A-4, B-5, C-3, D-1

b. A-4, B-2, C-3, D-1

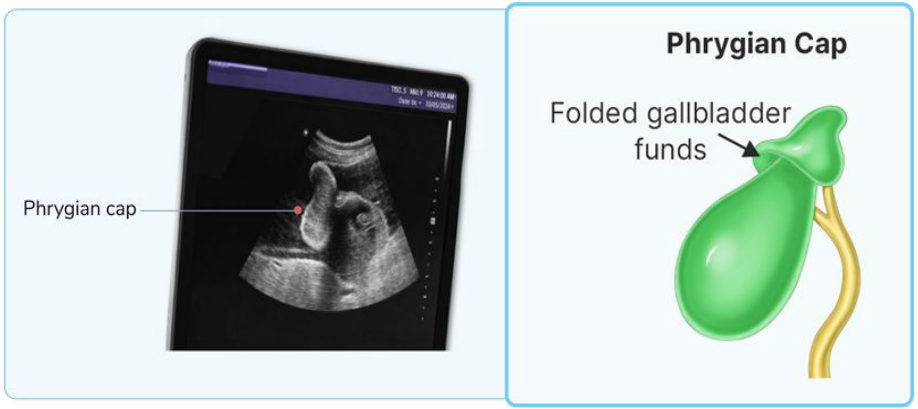
c. A-4, B-1, C-5, D-3

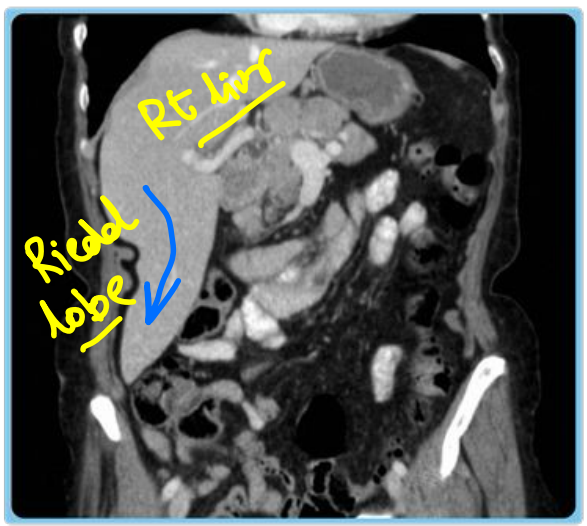
d. A-4, B-2, C-5, D-3

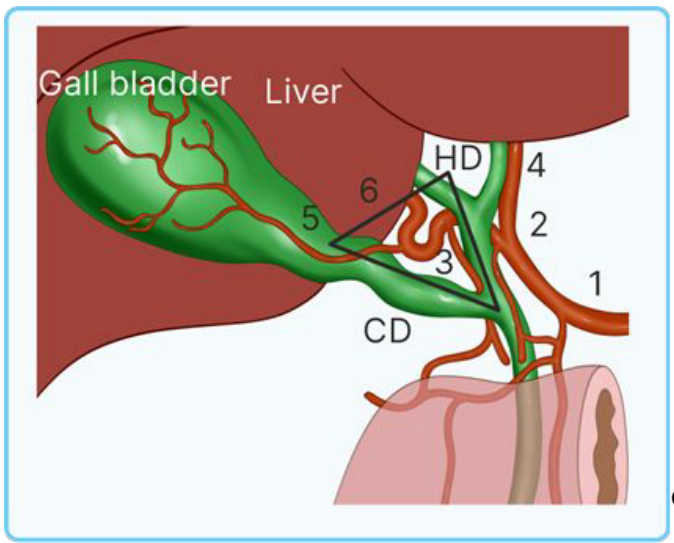
CORONA MORTIS

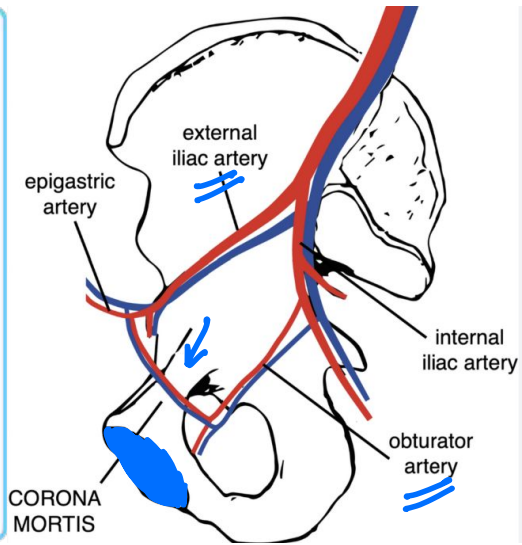
✓ LAP. HERNIA Sx

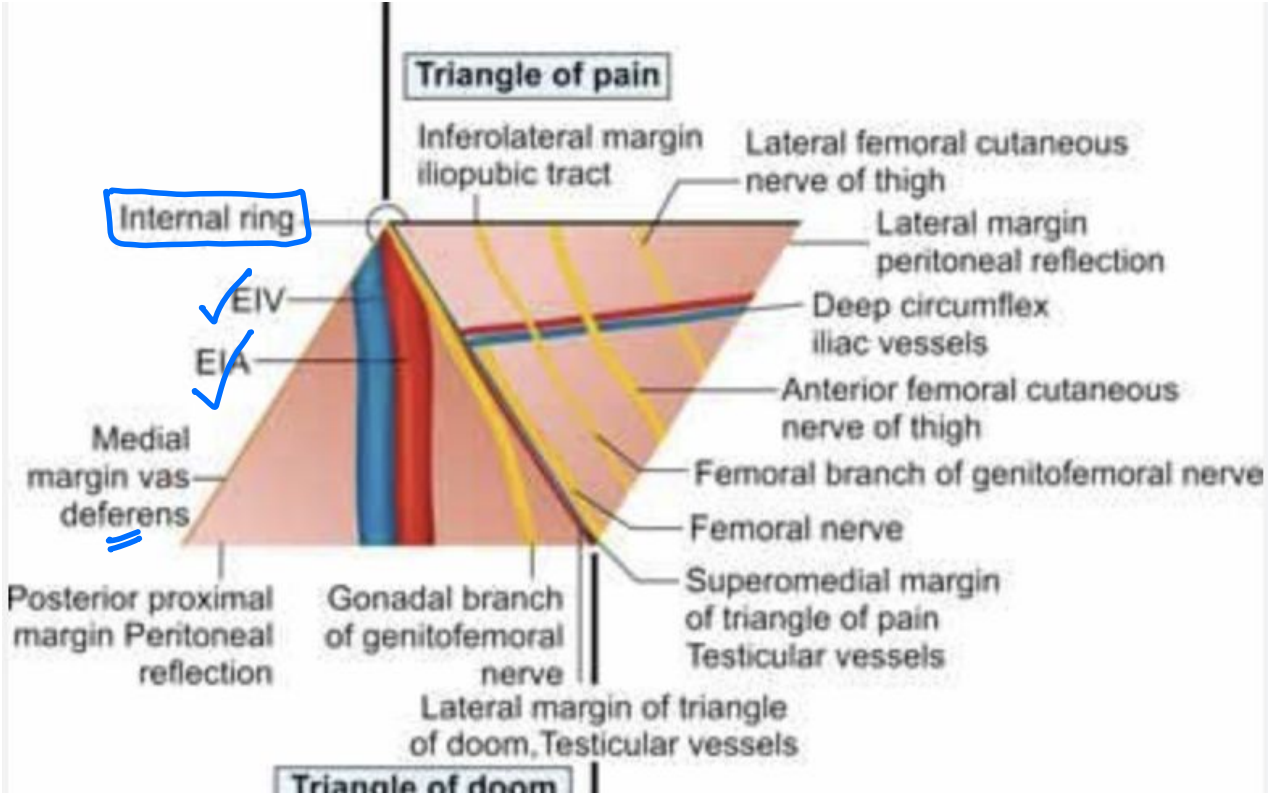
RAMUS PUBIC BONE


Phrygian cap
Phrygian Cap
Folded gallbladder funds


Rt liver
Rt lobe


Gall bladder
Liver
HD
4
6
5
2
3
1
CD


external iliac artery
epigastric artery
internal iliac artery
obturator artery
CORONA MORTIS


Triangle of pain
Inferolateral margin iliopubic tract
Lateral femoral cutaneous nerve of thigh
Internal ring
Lateral margin peritoneal reflection
EIV
Deep circumflex iliac vessels
EIA
Anterior femoral cutaneous nerve of thigh
Medial margin vas deferens
Femoral branch of genitofemoral nerve
Femoral nerve
Superomedial margin of triangle of pain Testicular vessels
Posterior proximal margin Peritoneal reflection
Gonadal branch of genitofemoral nerve
Lateral margin of triangle of doom, Testicular vessels
Triangle of doom

18. A 25-year-old male presents with severe perianal pain after straining during passage of hard stool. On examination olive shaped lump at perianal margins is noted. Which is the correct diagnosis?

a. Sentinel pile

b. Anal fissure

c. Haemorrhoids

d. Pilonidal sinus

THROMBOSED PILE

TEAR in midline, → STREAKING OF blood on stool

DISCHARGE

5 day illness

→ STRAINING

→ EXTERNAL HEMORRHOIDS

→ Spontaneous Reduction

Blue berry lesion at Anal verge

19. USG image of an infant presenting with vomiting for last one week is given below. Which of the following is not correct about it?

TARGET SIGN

a. Olive size lump ✓

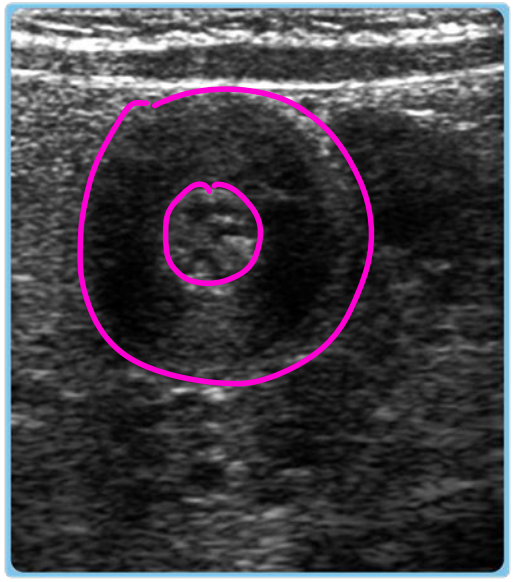
b. Visible pulsations in epigastrium

PERISTALSIS

c. Hyponatremia is first electrolyte imbalance to be corrected

NS ✓

d. Pre-natal exposure to macrolides is a risk factor ✓



20. A 10-year-old child presents with pain that started in epigastrium with fever and multiple vomiting episodes. On examination, Dunphy sign is noted. Which of the following is correct about this condition?

Cough (+): Pain in RIF

a. Preferred investigation for diagnosis of this case is ultrasound ✓

b. Maximum tenderness is noted at junction of medial 1/3 and lateral 2/3 of line joining ASIS and umbilicus

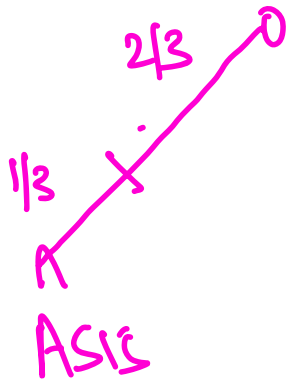
mass

c. Ochsner Sherren regimen is used for management of appendicular abscess

d. Alvarado score is used to assess for complications

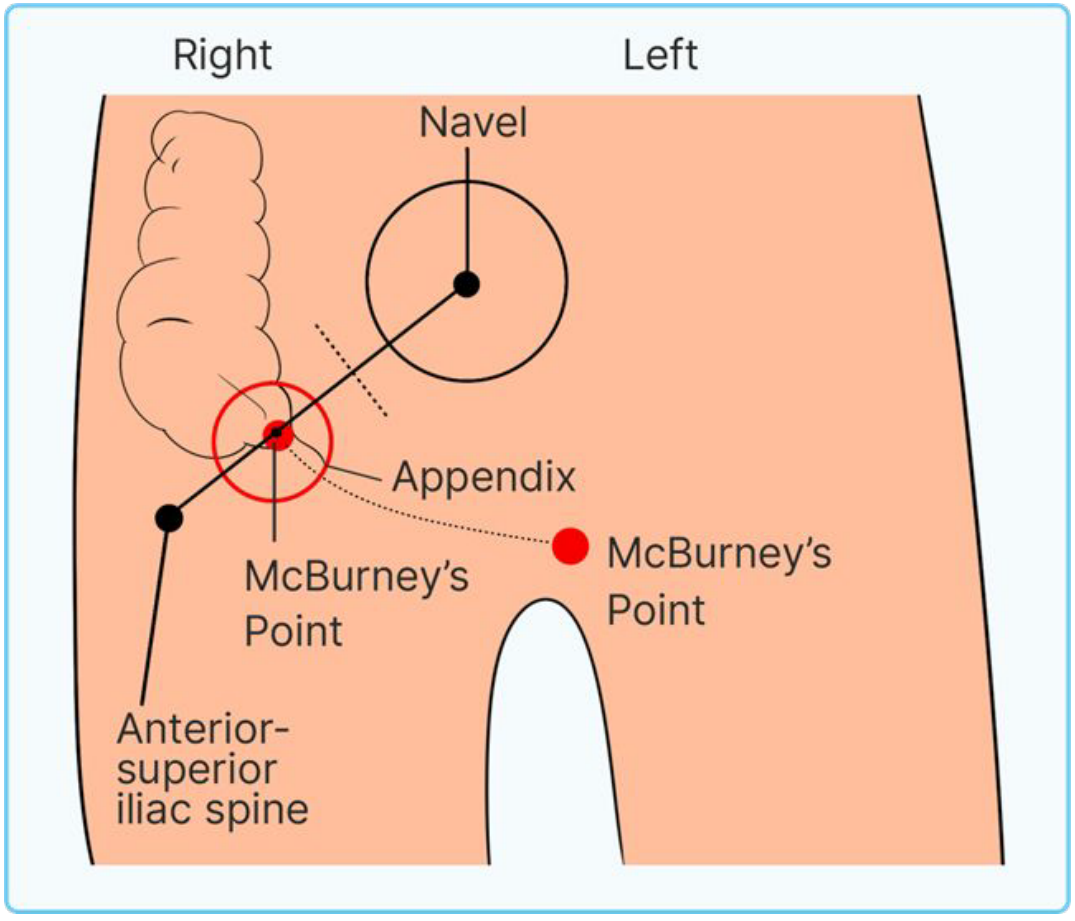
clinical diagnosis

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



Feature	Details
Classical Triad	- Pain (initial periumbilical →shift to right iliac fossa) - Vomiting - Fever
Silent appendix	- Retrocecal appendix (less prominent tenderness) - Atypical or mild symptoms
Investigation of choice	- CT abdomen (adults) - Ultrasound (children, pregnant women)
Muscle –Splitting incision	- Lanz incision – cosmetically better splits all muscle layers along their fibers - Gridiron Incision (McBurney's)

Alvarado Score	
Feature	**Score**
Migration of pain	1
Anorexia	1
Nausea	1
Tenderness in right lower quadrant	2
Rebound pain	1
Elevated temperature	1
Leucocytosis	2
Shift of white blood cell count to the left	1
Total	**10**


Right
Left
Navel
Appendix
McBurney's
Point
McBurney's
Point
Anterior-
superior
iliac spine

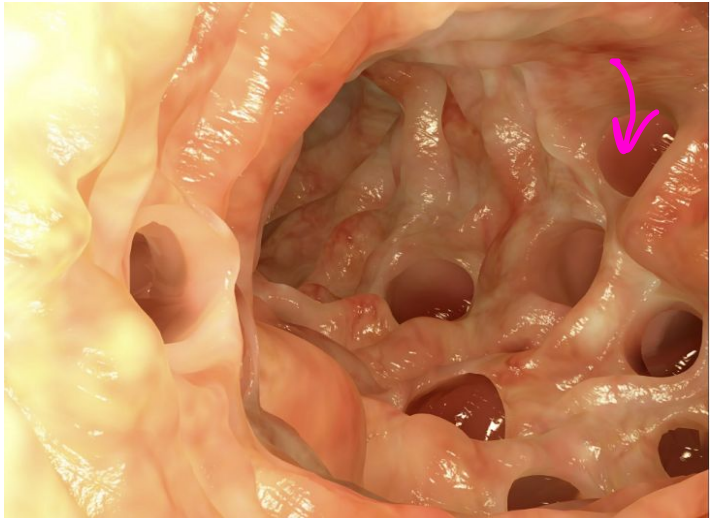
21. Which of the following is the leading cause of lower GI bleeding causing hospitalization and hemodynamic instability?

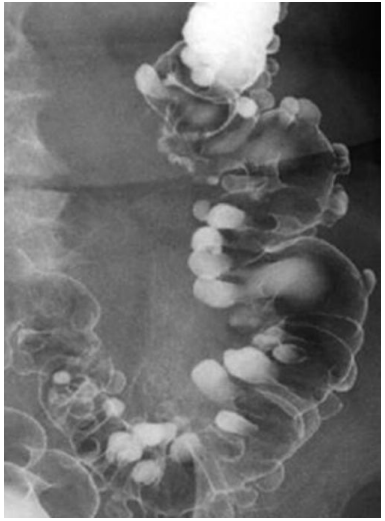
a. External hemorrhoids

b. Internal hemorrhoids

c. Anal fissure

d. Diverticulosis





SAW TOOTH: Baeneme

22. Source of bleeding in case of diverticulosis?

a. Superior rectal artery

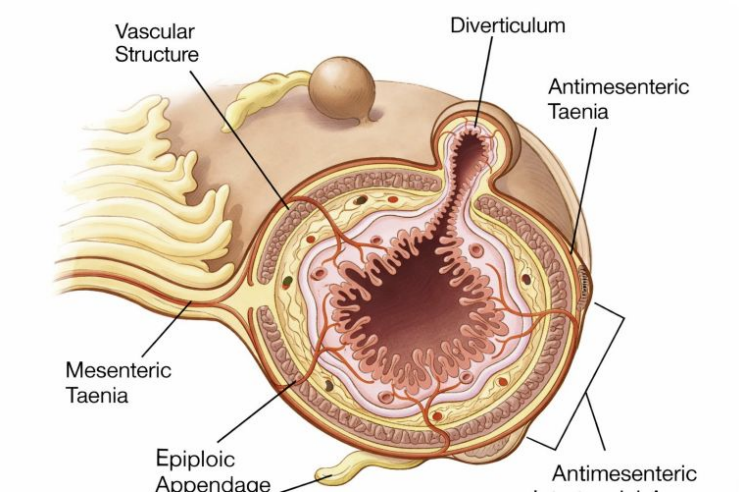
b. Vasa recta

c. Superior rectal vein

d. Marginal artery of drummond

HEMORRHOIDS

Diverticula form where **vasa recta penetrate the muscularis propria**. These vessels are stretched over the dome of the diverticula due to chronic pressure causing weakening and rupture



23. Which of the following hernia is most commonly seen in patient after undergoing muscle cutting incision in appendectomy?

a. Direct inguinal hernia

b. Indirect inguinal hernia

c. Femoral hernia

d. Incisional hernia

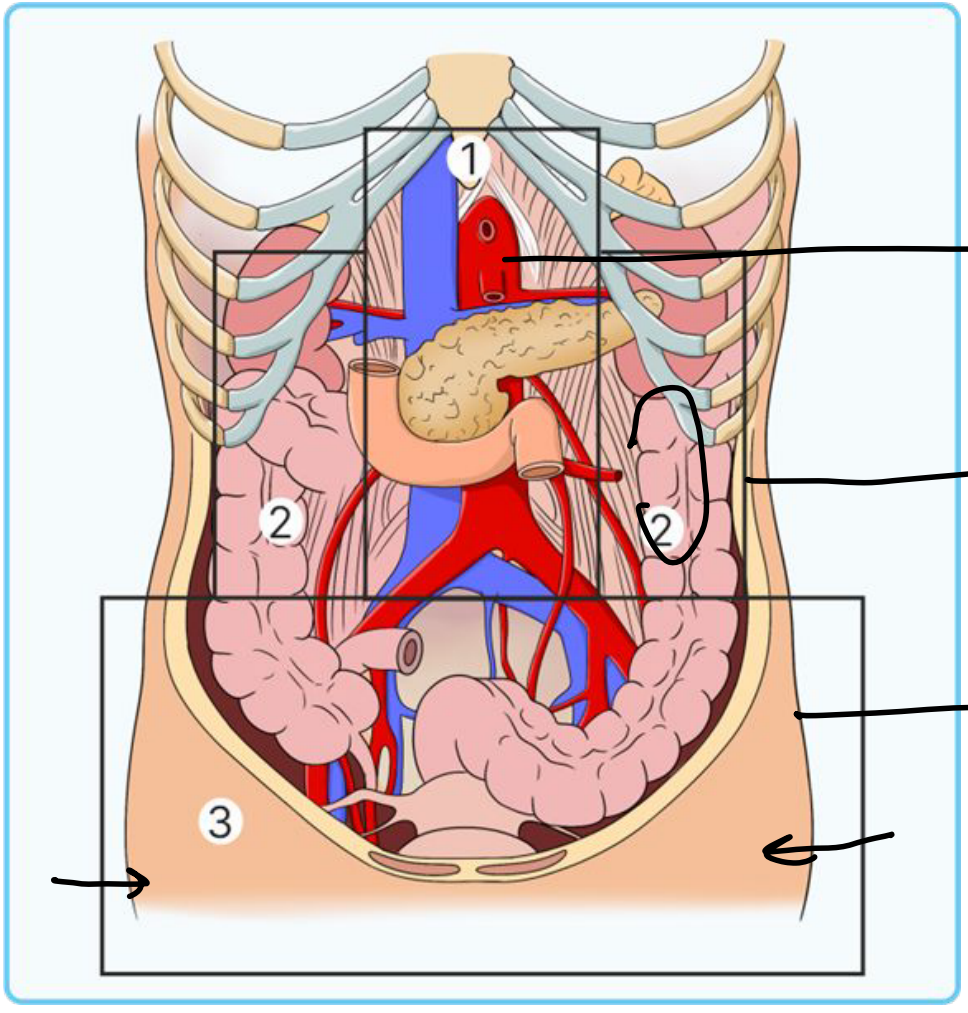
24. You are taking rounds with consultant in trauma ER and bedside of a trauma victim. Which is correct about her zone of retroperitoneal hemorrhage and position of pelvic binder

a. Zone 2. Over Trochanter

b. Zone 2, over iliac crest

c. Zone 3, over trochanter

d. Zone 3, over Iliac crest


1
2
2
3
Exploration
monitor
Pelvic # : BINDER

25. SvO2, mixed venous oxygen saturation is used in assessment of shock. This parameter is used in measured at which of the following sites?

a. Inferior vena cava

b. Subclavian vein

c. Superior vena cava

d. Pulmonary artery

Venous blood of upper extremities

VR: Upper limb, head & neck ✓

Lower limbs ✓

Coronary vein ✓

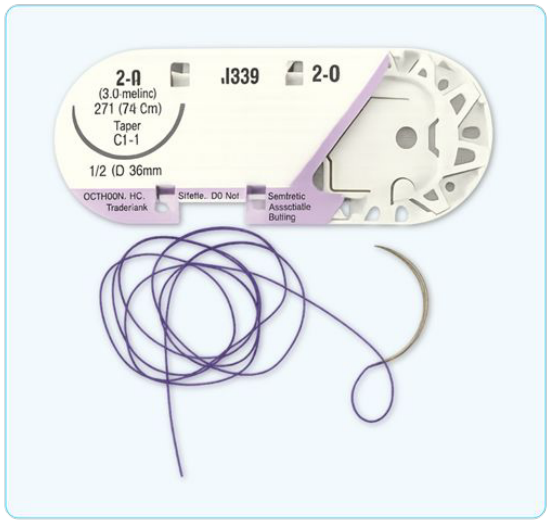
26. What is the suture material shown below?

a. Prolene blue

b. Polyglactin

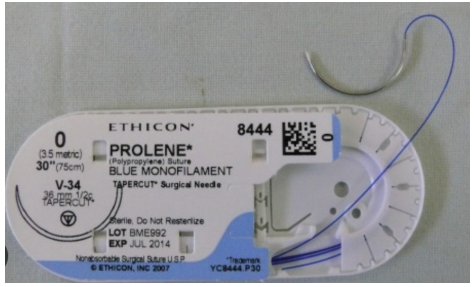
c. Catgut

d. Chromic catgut BROWN



MONOCRYL
* Subcuticular sutures
Poliglecaprone
Monofilament

VICRYL: VIOLET
= POLYGLACTIN, BRAIDED
: SC TISSUES, Muscles
MUCOSA



Suture	Material	Structure	Color	Absorption time
Vicryl	Polyglactin 910	Braided	Violet	56-70 days
Monocryl	Poliglecaprone 25	Monofilament	Clear OR Violet	90-120 days
PDS II	Polydioxanone	Monofilament	Violet	=180 days (6 months)
Plain Catgut	Sheep intestine (collagen)	Monofilament	Yellow	-70 days
Chromic catgut	Treated collagen	Monofilament	Brown	-90 days
Prolene	Polypropylene	Monofilament	Blue	Non – absorbable
Nylon (Ethilon)	Polyamide	Monofilament	Black / Green	Non –absorbable
Silk	Natural protein	Braided	Black	Non – absorbable (loses strength in 1 yr)
Ethibond	Polyester	Braided	Green	Non –absorbable

27. 30-year-old patient of polytrauma is being managed with damage control resuscitation. All of the following are correct about it except?

DCR

a. Abbreviated laparotomy ✓

b. Temporary packing and closure ✓

TARGET BP = 90/60 mm Hg

c. Low volume resuscitation

d. Liberal use of colloids to allow volume expansion

28. A 40-year-old with gun-shot to leg is brought to ER in confused state. Heart rate is 120/min, BP 70/50 mm Hg. RR 30/min with nil urine output on foley catheter insertion. All are correct about his condition except?

a. Modified shock index will predict mortality

b. Location and clamping the bleeder is stop the bleeding

c. Infuse type O Plasma for volume expansion

d. Target urine output of 2 ml/kg/hour during resuscitation with volume replacement

29. Which of the following is correct about components of SOFA score?

a. SBP, Respiratory rate and GCS

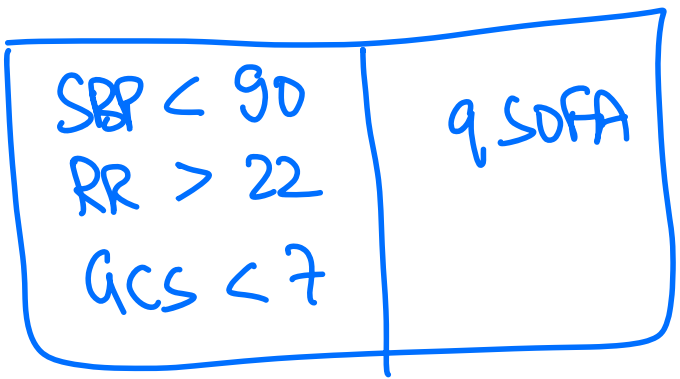
b. SBP, Respiratory rate, urine output and GCS

c. MAP, po2/Fio2 ratio, GCS, Creatinine,

d. MAP, po2/Fio2 ratio, GCS, Creatinine, platelet count and Bilirubin

qSOFA

Sequential organ failure assesment



Sequential organ Failure Assessment Score

Variable	SOFA Score				
	0	1	2	3	4
Respiratory	PaO_2/FiO_2 > 400 SpO_2/FiO_2 > 302	PaO_2/FiO_2 < 400 SpO_2/FiO_2 < 302	PaO_2/FiO_2 < 300 SpO_2/FiO_2 < 221	PaO_2/FiO_2 < 200 SpO_2/FiO_2 < 142	PaO_2/FiO_2 < 100 SpO_2/FiO_2 < 67
Cardiovascular (doses in mcg/kg/min)	MAP ≥ 70 mmHg	MAP ³ 70 mmHg	Dopamine ≤ 5 or ANY Dobutamine	Dopamine > 5 Norepinephrine ≤ 0.1 Phenylephrine ≤ 0.8	Dopamine > 15 or Norepinephrine > 0.1, Phenylephrine > 0.8
Liver (bilirubin, mg/dL)	< 1.2	1.2–1.9	2.0–5.9	6.0–11.9	> 12
Renal (creatinine, mg/dL)	< 1.2	1.2–1.9	2.0–3.4	3.5–4.9	> 5.0
Coagulation (platelets $\times 10^3/mm^3$)	≥ 150	< 150	< 100	< 50	< 20
Neurologic (GCS score)	15	13–14	10–12	6–9	< 6

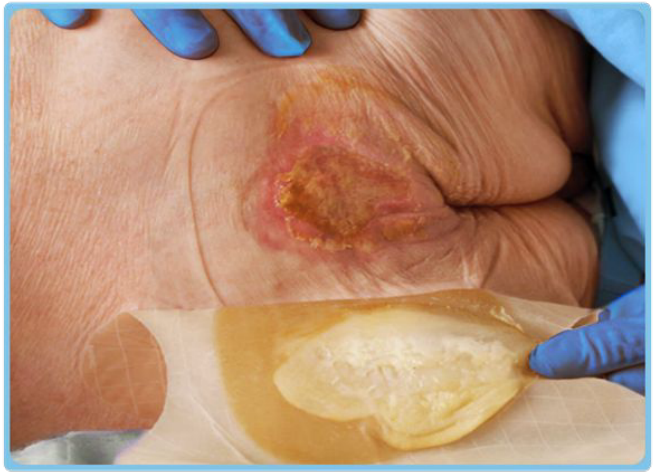
30. What is correct about the management of decubitus ulcer shown below?

a. Stage 3 manage with autolytic debridement

b. Stage 4 manage with autolytic debridement

c. Stage 3 manage with mechanical debridement

d. Stage 4 manage with mechanical debridement



Slough + SC fat

enzymes

Bone / muscles

I Non blanchable erythema

II Superficial ulcer

III SC fat → M.D + Hydrocolloid dressing

IV muscles, Bones

31. All of the following causes of shock lead to elevated CVP except?

a. Cardiac tamponade

b. Pulmonary embolism

c. Air embolism

d. Sepsis

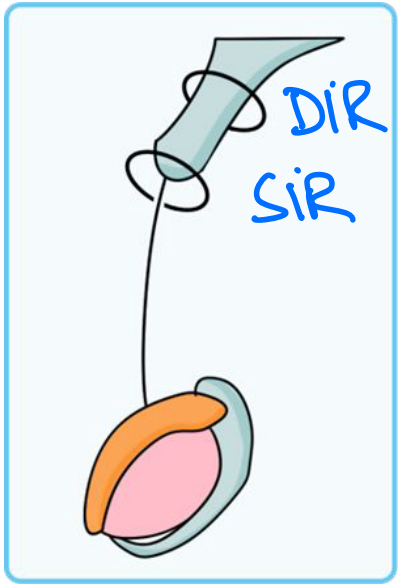
32. The following schematic diagram shows indirect inguinal hernial sac and testis relations. Which of the following description is correct for this hernia

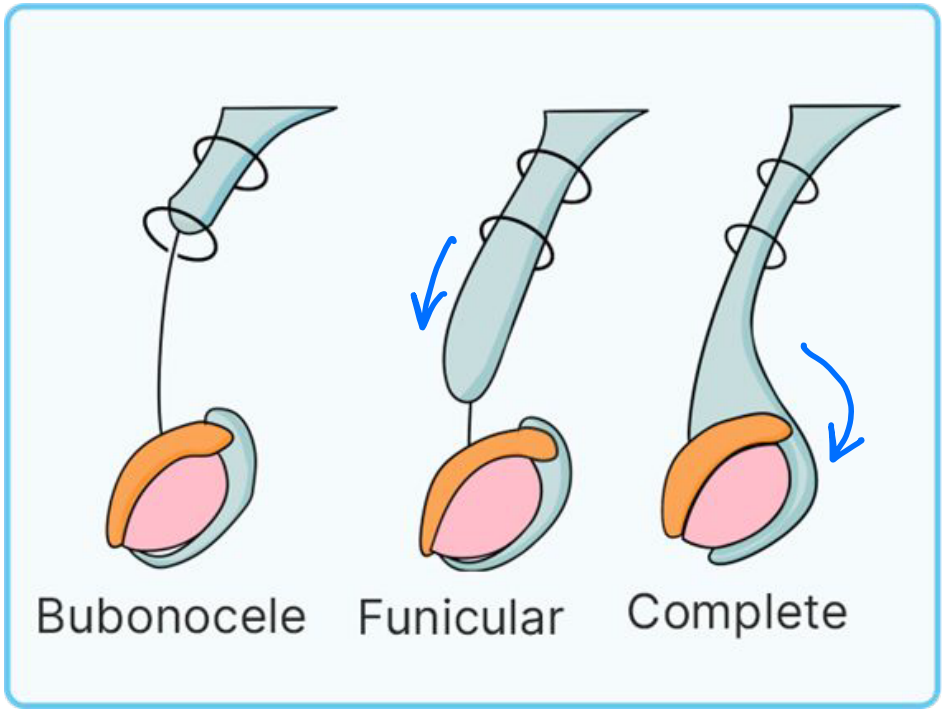
a. Bubonocele

b. Funicular

c. Complete

d. Saddle bag





iiH

*

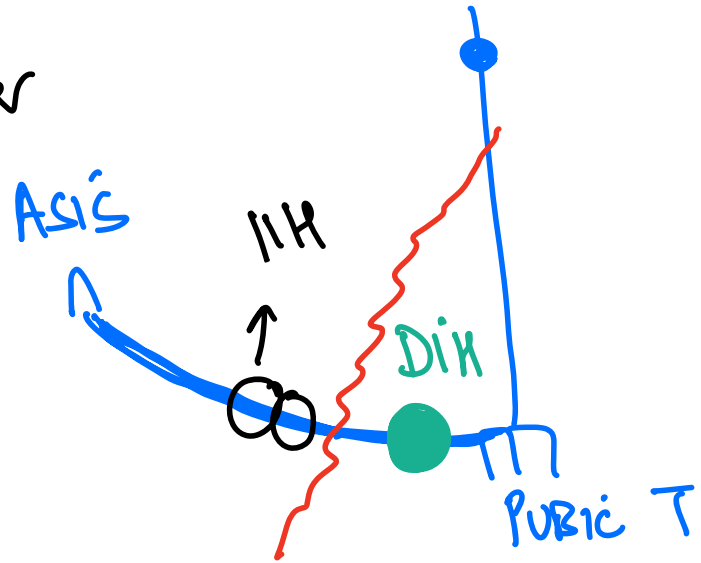
33. When two indirect hernia sacs lie on lateral side of inferior epigastric vessels and it is called as?

a. Littre hernia — Meckel's D

b. Hernia en bissac — 2 IIH Together

c. Hernia en glissade → * Colon

d. Pantaloon hernia → IIH + DIH



34. Balthazar score is used for assessment of which of the following?

a. Acute pancreatitis

b. Chronic pancreatitis

c. Carcinoma pancreas

d. Pseudo pancreatic cyst

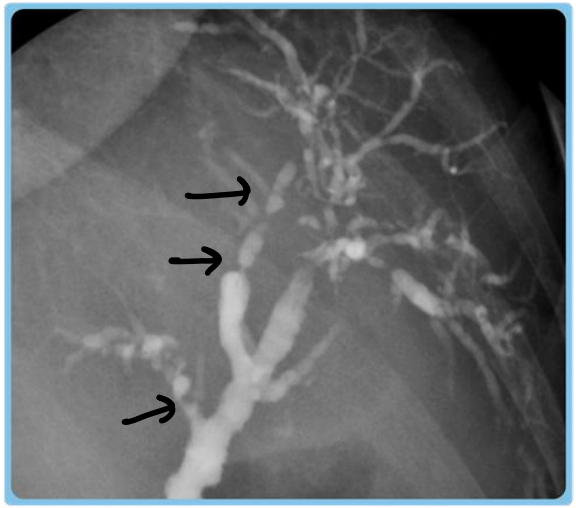
35. A 25-year-old woman presents with fatigue and pruritus with jaundice. She is known case of ulcerative colitis. USG shows evidence of cholestasis. ERCP image is shown below. Which of the following is correct about this condition?

a. Associated with anti-mitochondrial antibody

b. Central dot sign

c. Onion skinning

d. Segmental dilatation of biliary tree



P.S.C

A : PBC

B, D = Cardi D

36. A 65-year-old chronic smoker presents with sudden onset dyspnea and pleuritic chest pain for 4 hours. He is hemodynamically stable. On examination, breath sounds are reduced on the right side with hyperresonance to percussion. Oxygen saturation is 93% on room air. What is the next best step in management?

a. Urgent CXR

b. Urgent wide bore needle in 5th ICS in mid axillary line

c. Urgent wide bore needle in 2nd ICS in mid clavicular line

d. Urgent Intercostal drainage tube with underwater seal drainage

Secondary pneumothorax

SBP = ↑

SpO_2 = ↑

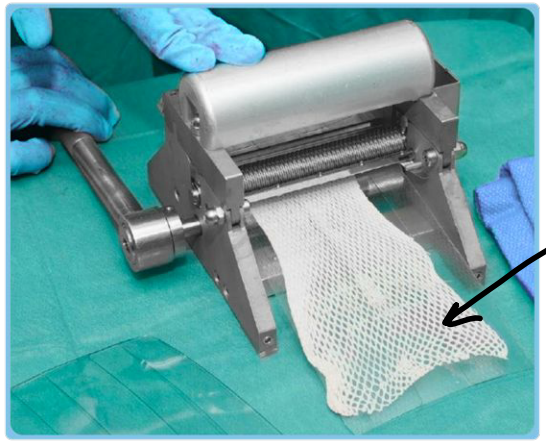
37. The image shown shows which of the following

a. Eschmann blade

b. Humby knife

c. Mesher

d. Watson knife



S.S.G

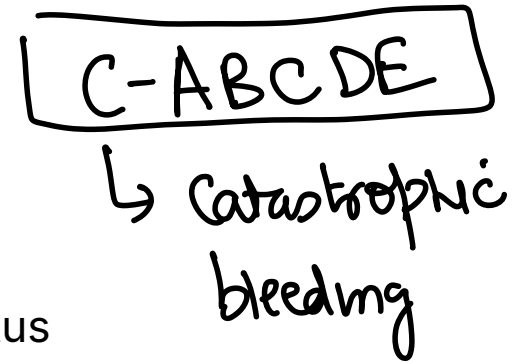
38. Road traffic accident victim is a 20-year-old guy who was hit by car while walking on sidewalk. Which of the following is first step in management of this patient?

a. Direct pressure torniquet for external bleeding

b. Secure airway after C spine stabilization

c. Insert wide bore cannula and start crystalloids

d. Asses for head injury and deteriorating neurological status



CABCDE Approach in Trauma (Primary Survey)		
Step	**Focus**	**Key Actions**
C	Catastrophic haemorrhage control	Apply direct pressure tourniquets, hemostatic dressing
A	Airway with cervical spine protection	Check patency clear obstruction, apply C- spine collar
B	Breathing and ventilation	Assess chest movement oxygen saturation provide O2 or ventilation
C	Circulation with haemorrhage control	Check pulse, BP , control bleeding start IV fluids/ blood
D	Disability (neurologic status)	Assess GCS ,pupils limb movement
E	Exposure / environment	Fully expose patient to assess injuries; prevent hypothermia

white stool

39. A 1 month old infant is vomiting, poor feeding and acholic stools with enlarged liver and high colour urine. USG abdomen shows triangular cord sign. What test should be done next for confirmation of diagnosis?

= mustard yellow urine : OJ

a. Hepatobiliary iminodiacetic acid scan

EHBA

b. ERCP

c. Intra-operative cholangiography

d. CT abdomen

Aspect	Details
Diagnosis	- Ultrasound ; small / absent gallbladder, triangular cord sign - HIDA scan: No tracer in bowel even after phenobarbital pre-treatment - Liver biopsy : bile duct proliferation fibrosis - Intraoperative cholangiography: gold standard
Treatment	- Kasai Portoenterostomy (best if done before 60 days of life) - Liver transplant; if Kasai fails or in advanced liver disease

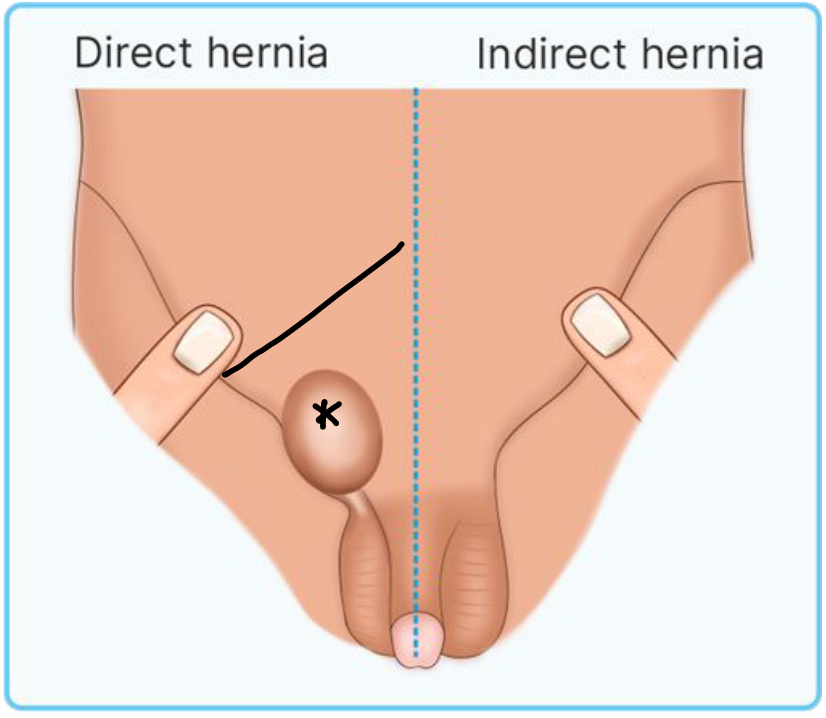
40. You are intern and are performing deep ring occlusion test in a patient with hernia. Which is correct statement about it?

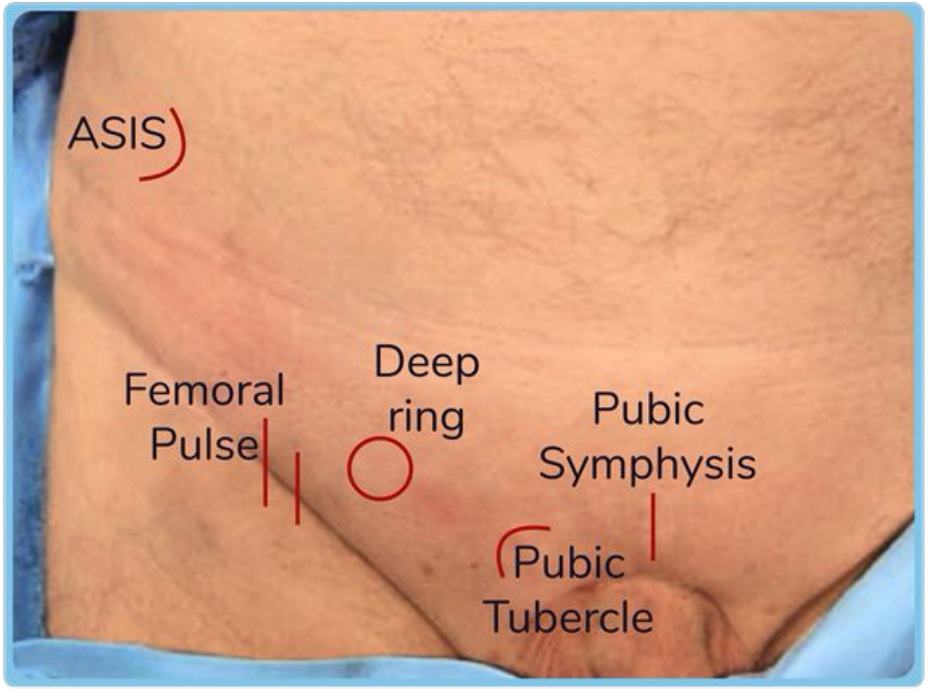
a. If expansile impulse is seen medial to deep ring it implies indirect inguinal hernia

b. If expansile impulse is seen lateral to deep ring it implies indirect inguinal hernia

c. If expansile impulse is seen medial to deep ring it implies direct inguinal hernia

d. If expansile impulse is seen lateral to deep ring it implies direct inguinal hernia


Direct hernia
Indirect hernia


ASIS
Femoral Pulse
Deep ring
Pubic Symphysis
Pubic Tubercle

41. Young female has been diagnosed with femoral hernia. Which of the following is correct about it by NYHUS classification of groin hernias

a. Type I

b. Type II

c. Type III A

d. Type III C

Type	Description
I	Indirect hernia, normal internal ring (pediatric)
II	Indirect hernia, enlarged internal ring, but posterior wall intact
III	Posterior wall defect (direct or large indirect)
IIIa	Direct inguinal hernia
IIIb	Indirect hernia with dilated ring (scrotal , sliding)
IIIc *	Femoral hernia
IV	Recurrent hernia (after prior repair)

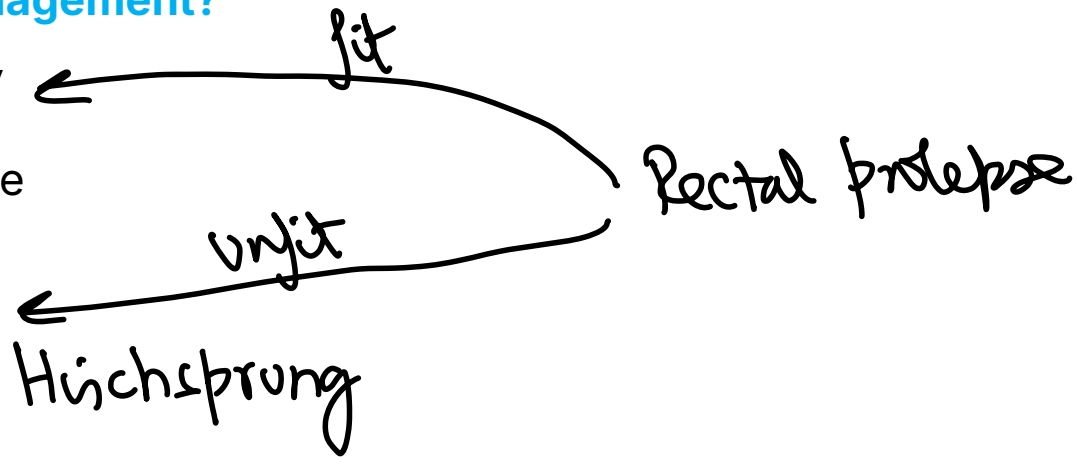
42. 72-year-old woman presents with a 4 cm full-thickness rectal prolapse that protrudes during defecation and reduces spontaneously. She is frail and has multiple comorbidities, making her unfit for major abdominal surgery. Which of the following is the most appropriate surgical management?

a. Abdominal rectopexy

b. Hartmann's procedure

c. Delorme procedure

d. Duhamel procedure



43. A 70-year-old man has undergone TURP for Benign prostatic hyperplasia. Which of the following is not correct about continuous bladder irrigation procedure?

a. Normal Saline is preferred to avoid TUR syndrome

b. Use 3-way foley catheter of 24 Fr

c. Perform till color becomes rose pink

d. Inflate balloon of 3-way foley with 10 ml saline

DW: H_2O intoxication :(

glycine : ✡

NS : ✡✡

Blue

30ml

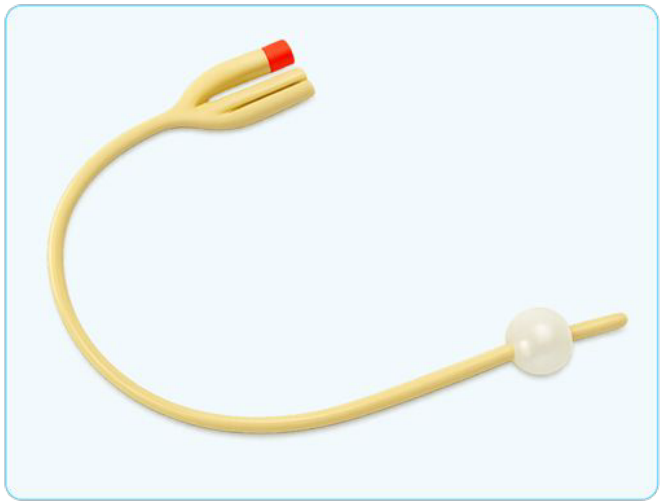
14

16

18

20

Avoid the following in CBI:	
Fluid	**Reason to Avoid**
Sterile water	Hypotonic →risk of hemolysis hyponatremia, TURP syndrome
Glycine (1.5%)	Used only with monopolar cautery (non-conductive) but can cause TURP syndrome due to systemic absorption
Sorbitol / Mannitol	Similar risk as glycine used selectively and cautiously



44. A 25-year man sustained a head injury. He is admitted to ICU. On examination he is having eye opening to pain stimulus, speaks in inappropriate words. On giving painful stimulus to left hand he exhibits a weak flexion of right arm. Left pupil is non-reactive to light and right exhibits pupillary reaction. Calculate GCS-P score of this patient

a. 7

b. 8

c. 9

d. 10

E = 2

V = 3

M = 3 ab (n) flexion

minus

- 1

- **E 2 V3 M 3 minus P score of 1**

Pupil response	Both pupils unreactive to light	-2
	One pupil unreactive to light	-1
	Both pupils reactive to light (normal)	0

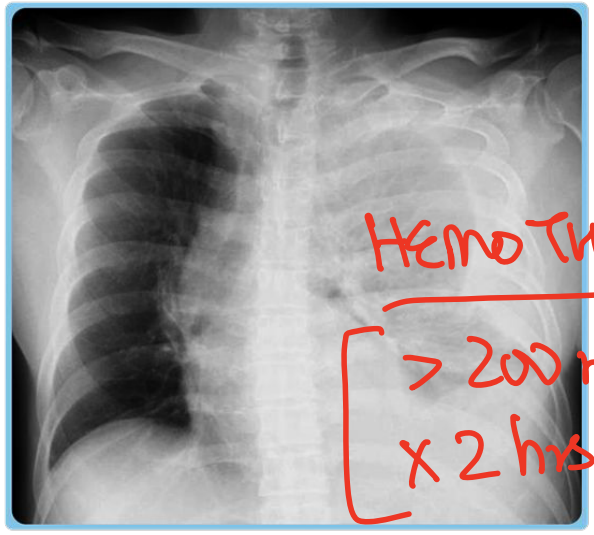
45. Patient of chest trauma underwent thoracic surgery. While reviewing output charts you find 400 mL of blood in the drain within the last one hour. What is next step in management?

a. Document and continue monitoring

b. Clamp the drain

c. Notify the surgeon

d. Remove the Drain



HEMOTHORAX

[> 200 ml/ hr in x 2 hrs drain output

Key Indications for Concern in Chest Tube Drainage:

Condition	When to Notify / Act
Hemothorax (trauma/ surgery)	Initial output > 1500 mL (massive hemothorax) →consider emergency thoracotomy Ongoing bleeding > 200 mL/hr for 2-4 hours – surgical intervention likely
Post –thoracic surgery	>200 mL / hr is considered excessive and may indicate postoperative bleeding
Pneumothorax (air only)	Blood drainage not expected any bloody output is abnormal

46. You find a patient with central line dressing soaked with blood. What should you do first?

a. Change the dressing

b. Apply pressure over the site

c. Notify the physician

d. Start another IV line

47. A 30-year-old construction worker who smokes presents with night pain in feet and legs. Earlier he was having cramp like pain in calves that are precipitated by walking and relieved by standing still. Which is correct about this condition?

a. Ankle brachial index of < 0. 5

b. Loss of compressibility of vein on ultrasound

c. Fogarty catheter is used for treatment

d. Start PDE-3 inhibitor to cause vasoconstriction

DVT

ALI

TAO

① ABI : > 1

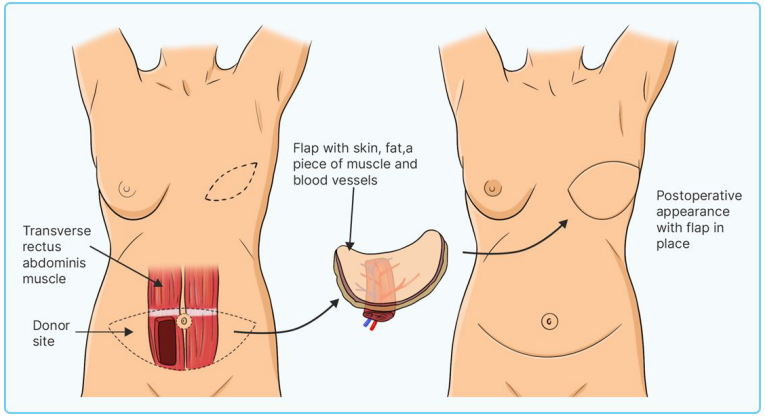
: < 0.9

Critical : < 0.3

ischemia

48. Abbey Estlander flap is used for which of the following?

a. Breast reconstruction
b. Lip reconstruction
c. Pilonidal sinus surgery
d. Venous ulcer repair



Procedure	Tissue Used / Type
TRAM Flap	Transverse Rectus Abdominis Myocutaneous Flap (muscle + Skin)
Abbey-Estlander Flap	Local lip –sharing flap (skin, muscle)
Pilonidal sinus repair	Excision + Flap (e.g. Limberg, Karydakis, Z-plasty)
Venous Ulcer Repair	Split – thickness skin graft or local flap

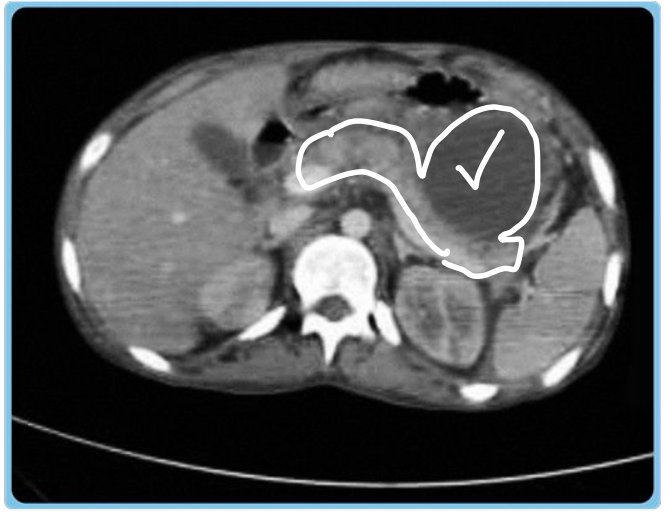
49. A 45-year-old man presents with nausea vomiting and lump in epigastrium. He is a known alcoholic and has been hospitalized earlier for abdominal paracentesis. CT scan is shown. Diagnosis is?

a. Ascites

b. Spontaneous bacterial peritonitis

c. Pseudo-pancreatic cyst

d. Stomach volvulus



Size Criteria for Surgery and surgical options in Pseudopancreatic Cyst		
Cyst	**Indication for Surgery**	**Surgical options**
< 6 cm (small cyst)	Observation or endoscopic / percutaneous drainage if symptomatic	Endoscopic drainage or percutaneous drainage
6-10 cm (moderate cyst)	Drainage (Endoscopic or percutaneous) if symptomatic surgery if recurrent or infected.	Endoscopic cystogastrostomy or Percutaneous drainage
> 10 cm (large Cyst)	Surgical intervention is usually required due to risk of rupture infection or compression of surrounding structures	Cystogastrostomy, cystoduodenostomy or cystojejunostomy
Complicated cyst (infected, haemorrhage ruptured)	Urgent surgery if drainage does not work or cyst is causing significant complications	Cyst resection, Cystojejunostomy or cyst-gastric anastomosis

50. Which of the following is a pre malignant lesion of stomach

a. GIST

b. Zollinger ellison syndrome

c. Menetrier disease

RUGOSITIES ⊕ : GV

d. Enteropathy associated T cell lymphoma

51. You are monitoring a patient of ulcerative colitis using true and love criteria. Which of the following scans will you perform for evidence of protein losing enteropathy in this patient?

a. Gallium 68 DOTATE PET- CT → PNET

b. Somatostatin receptor scintigraphy → Insulinoma

c. Tc 99 Sestamibi SPECT/CT → Parathyroid Adenoma

d. Indium 111 Radiolabelled scan

TRUELOVE & WITT'S: SEVERITY OF UC

Parameter	Mild	Severe
Stools/day	<4 ✓	✓ ≥6
Blood in stool	Small amount	Visible blood +
Pulse	Normal	>90/min ↑
Temperature	Normal	>37.8^{0}C +
Hemoglobin	Normal	<10.5g/dL ↓
ESR	Normal	>30 mm/hr ↑

52. Which of the following features will not be seen in patients of achalasia cardia

a. Lack of gas bubble in stomach ✓ LES Tone ↑

b. Sigmoid oesophagus ✓

c. Standing or sitting up straight during meal times ✓

d. Oesophageal manometry shows hyper- peristalsis DES/ JACKHAMMER esophagus

53. Which of the following blades is used for Incision and drainage

A	B	C	D
			

54. A 25-year-old male presents with swelling in femoral region which is smooth, compressible and pulsatile in nature. History of trauma to leg, two years ago is present. Diagnosis is?

Vascular : ARTERY +

a. Femoral hernia

b. Saphena varix

c. Congenital Arteriovenous malformation

d. Arteriovenous fistula

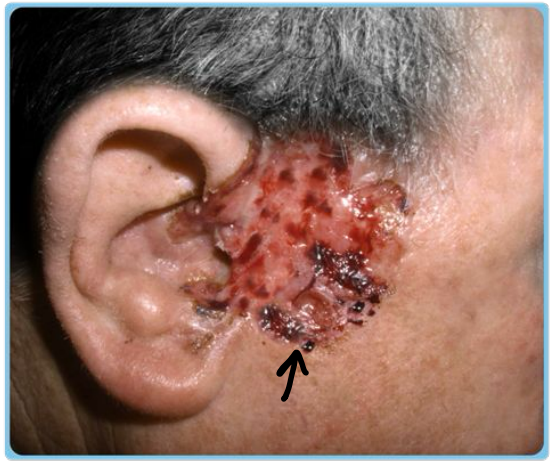
55. Old white man presents with the following lesion that has been growly steadily over last one year. Regional lymph nodes are not involved. Diagnosis?

a. Basal cell cancer

b. Squamous cell cancer

c. Potts puffy tumor

d. Soft tissue sarcoma



RODENT ULCER

Benign or malignant	Locally invasive carcinoma arising from basal layer of skin
Status	Commonest malignant skin tumour
Site	Commonest on face (Ohgren line)
Spread	Locally malignant but does not spread to Lymph nodes Beaded margins of the ulcer
RT	Radiosensitive (avoid near the eye or glands)
SOC	

56. A 40-year-old lady presents with breast mass which is non tender with bosselated appearance. Skin over the breast is stretched, red and shows dilated veins. No axillary lymph nodes are palpable. Diagnosis is?

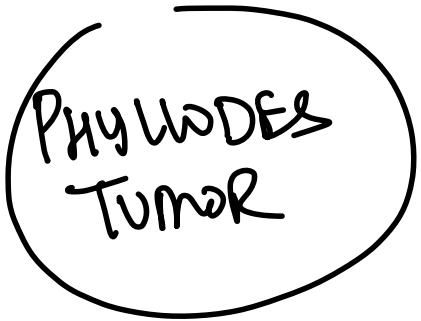
*

a. Breast abscess

b. Fibroadenoma

c. Fibrocystic disease of breast

d. Sero-cystic disease of breast



57. 30-year-old lady is having breast mass in right upper outer quadrant of breast which measures 3 × 4 cm. It has limited mobility due to adherence to overlying skin is showing signs of ulceration. What is the staging of tumour?

a. T4 a

b. T4 b

c. T4 c

d. T4 d

T4a EXTENSION: RIBS, I/C MUSCLES, SA

b ULCER, Satellite nodules, Peau d'orange

c a+b

d inflammatory Ca BREAST
diffuse edema/erythema

58. Skeletal pulsatile metastasis is seen in which of the following?

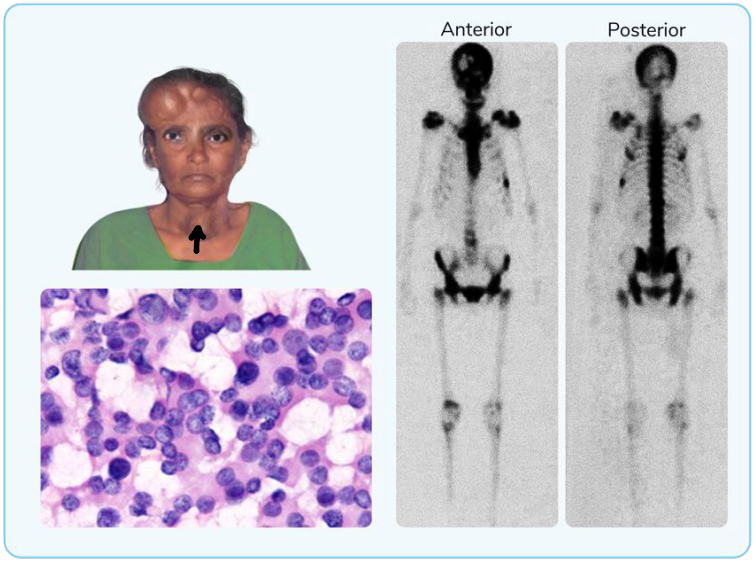
a. Multiple Myeloma

b. Potts puffy tumor

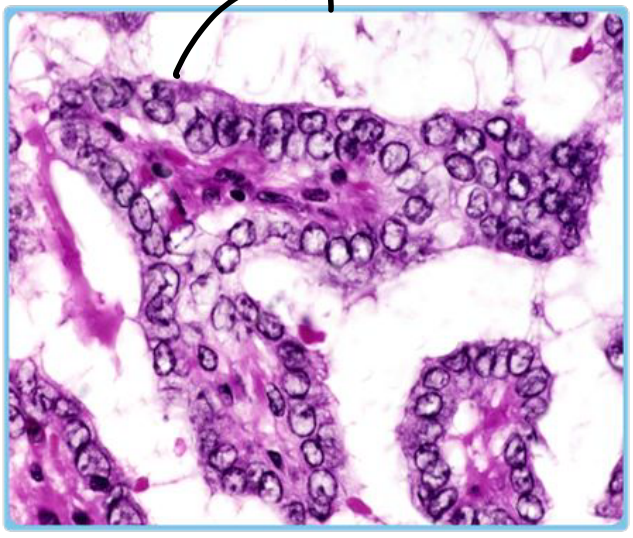
c. Follicular cancer thyroid

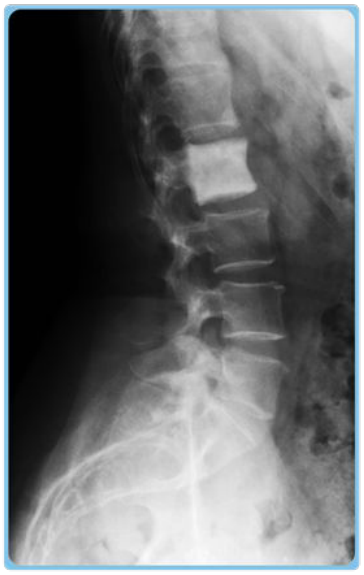
d. Paget disease

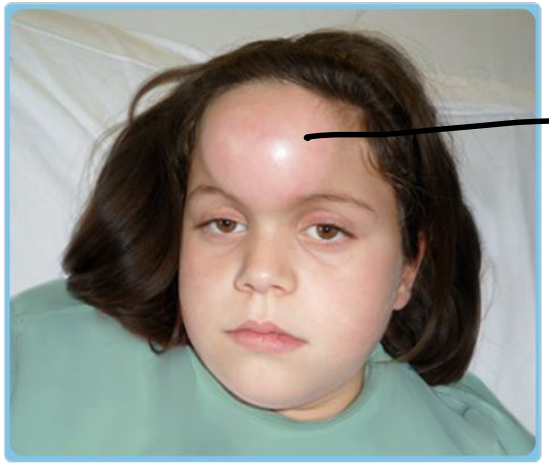
Papillary & THYROID



orphan anne nucleus







OSTEOMYELITIS Frontal bone

Potts puff Tumor

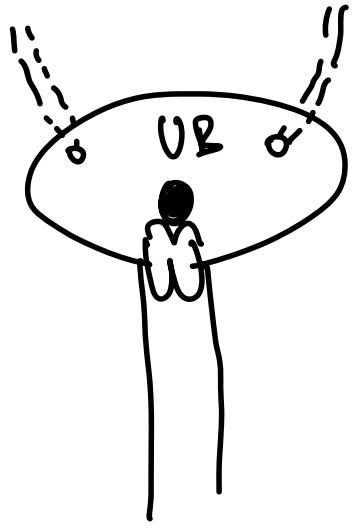
59. A 25-year-old male comes with complaints of increased urinary frequency with pain at tip of penis. He noted terminal hematuria and occasional interruption of urinary stream. NCCT pelvis shows a bladder stone. Intervention to be done is

a. Cystolitholapaxy

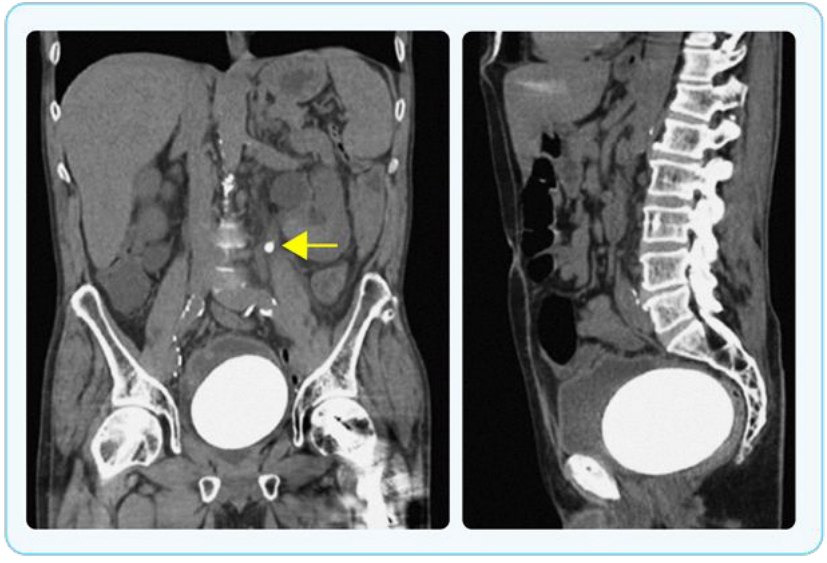
b. ~~ESWL~~ kidney stones: < 2cm

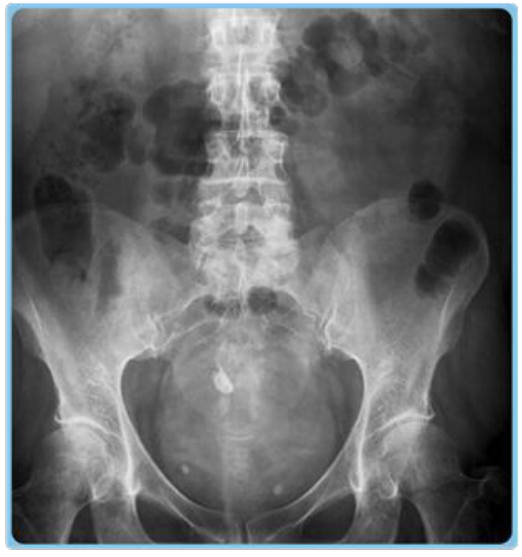
c. Pyelolithotomy

d. Ureterosigmoidostomy ↳ bladder ↳ diversion procedure



STONE in UB





Post menopausal lady with X ray pelvis for low back pain shows

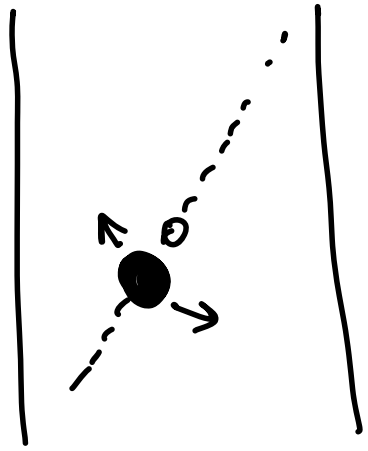
60. A 30-year-old patient presents with lump in peri umbilical area present since childhood. Lump is 5 X 8 cm soft, freely mobile in direction perpendicular to mesentery with zone of resonance around it. Diagnosis is?

a. Umbilical hernia

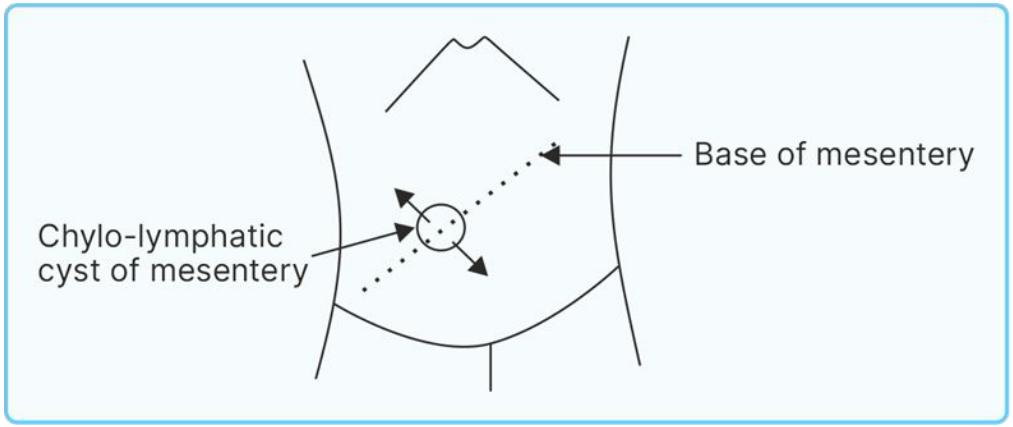
b. Peri umbilical hernia

c. Mesenteric lymphadenitis

d. Mesenteric cyst



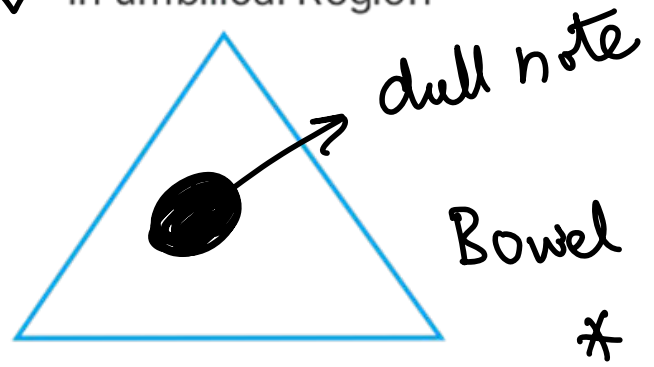
Tillaux Triad



Tillaux Triad

Seen in Mesenteric Cyst

✓ Soft fluctuant swelling in umbilical Region



✓ Swelling moves perpendicular to mesentery

Zone of resonance all around swelling

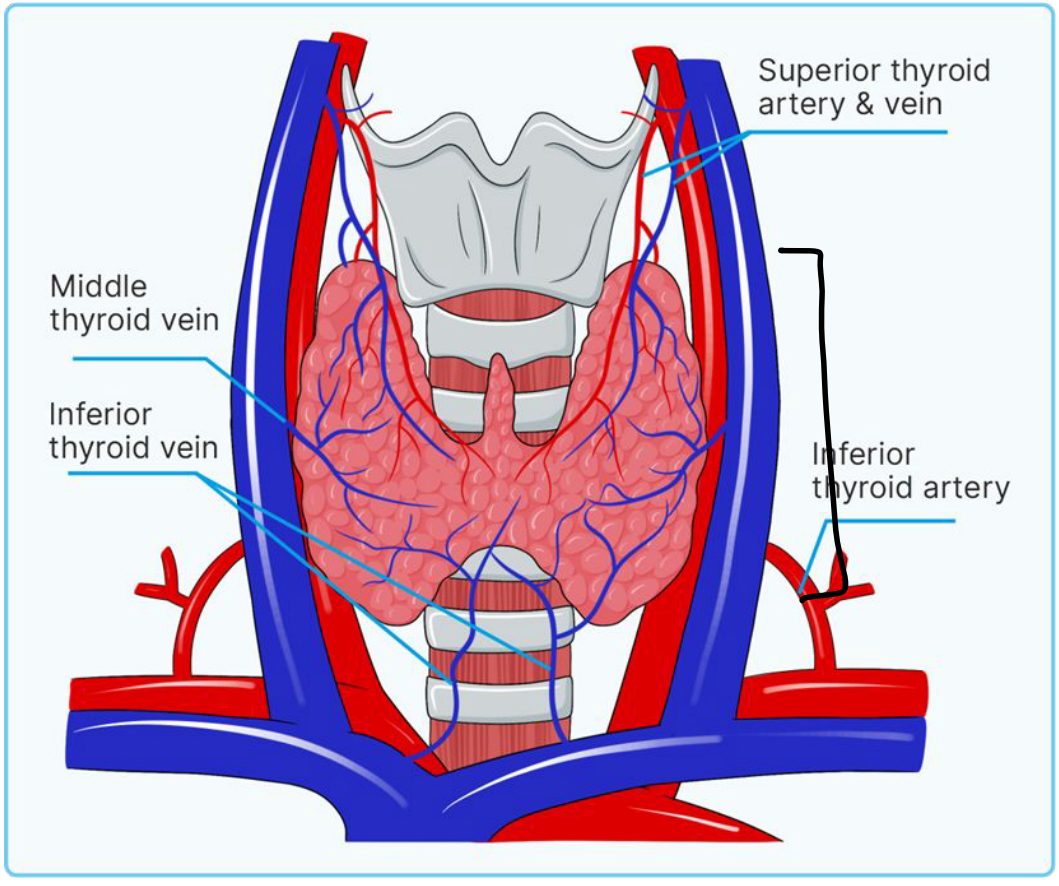
61. Which of the following structures is first to be ligated during thyroidectomy?

a. Superior thyroid artery

b. Superior thyroid vein

c. Middle thyroid vein

d. Thyroidea ima artery


Superior thyroid
artery & vein
Middle
thyroid vein
Inferior
thyroid vein
Inferior
thyroid artery

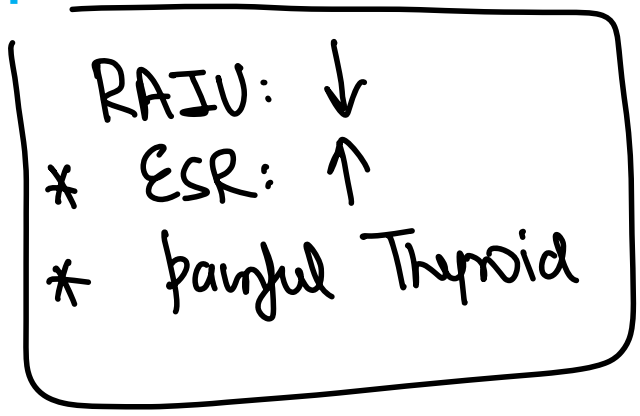
62. A 50-year-old lady presents with fever, malaise and painful thyroiditis. Pain is shifting in areas of thyroid. She has tachycardia with tremulousness. Free T4 and FT3 are elevated with poor radioactive uptake. ESR is 90 mm fall in 1st hour are detected. Diagnosis is?

a. Ligneous Thyroiditis

b. Reidel thyroiditis

c. Grave disease

d. De Quervain Thyroiditis



Option A and B is low T4. Hashimoto has a biphasic course and has special antibodies.

Subacute granulomatous thyroiditis is the most common cause of painful thyroid gland. This condition is also known as painful subacute thyroiditis, de Quervain thyroiditis, and migratory thyroiditis (this last because the pain can shift to different locations in the thyroid). It is a transient inflammation of the thyroid, the clinical course of which is highly variable. Most patients have pain in the region of the thyroid, which is usually diffusely tender, and some have systemic symptoms. Thyrotoxicosis often occurs initially sometimes followed by transient hypothyroidism. Complete recovery in weeks to months is characteristic. Some patients will clinically note only one phase – thyrotoxic or hypothyroid while others

63. Treatment for stage I breast cancer

a. Wide local excision → DCIS: < 4cm , > 4cm: Total Mastectomy

b. Bilateral mastectomy → LCIS

c. Breast conservative surgery, axillary dissection if SLNB+ and RT

d. Neoadjuvant therapy plus MRM and RT

Tcgg

I-II BCS + RT, ↓ SLNB ⊕ : axillary LN resection

III: neoadj chemo → MRM, RT, CT, HT

IV: Toilet Mastectomy

Treatment Strategy for Carcinoma Breast

Stage 0 – DCIS	Less than 4 cm -wide local excision: RT to breast; hormone therapy (Tamoxifen 20 mg OD for 5 years). More than 4 cm – total mastectomy with SLNB (if +ve axillary dissection) ; Hormone therapy
Stage 0 – LCIS	Screening mammogram yearly / MRI breast / observation; Tamoxifen or raloxifene (in premenopausal age) /bilateral mastectomy. LCIS high-risk category to develop invasive carcinoma both invasive ductal or lobular
Stage I and II (early)	Breast conservative surgery (BCS) + RT + if SLNB +ve axillary dissection. If tumour > 1 cm, +ve axillary nodes, high nuclear grade, vascular / lymphatic invasion, ER/Pr -ve with over-expression HER2 Neu, then adjuvant chemotherapy.
Stage III	Neoadjuvant chemotherapy + MRM + RT +CT + Hormone therapy.
Stage IV	Hormone therapy (Trastuzumab/ Lapatinib) with chemotherapy using taxanes or capacetabine + palliative mastectomy (Toilet mastectomy if needed when fungation is present)

Molecular subtypes of carcinoma breast

- Basal -like (15-25%): ER -ve, PR-ve and HER2-ve also called triple negative breast cancer (TNBC). Most BRCA1 breast cancers are basal -like TNBC. They are high grade, aggressive with poor prognosis. ; high incidence of lung and brain secondaries.
- Luminal A (50%): ER+HER2 -ve and low grade. They are slow growing and occur in postmenopausal women. They respond well to hormone therapy.
- Luminal B (15-20%): ER + PR+ve HER2 +ve (triple positive) but often high grade. They respond to chemotherapy.
- Her2 rich (10%): ER -ve. Poorly differentiated, aggressive with higher incidence of brain secondaries. Treated with chemotherapy and trastuzumab will not cross the blood brain barrier.
- Normal breast like (5%): ER +ve, Her2-ve
- Luminal ER-/AR +ve: recently identified androgen responsive subtype which may respond to anti-hormonal treatment with bicalutamide.
- ERBB2/HER2+: has amplified HER2/neu.
- Claudin – low : a more recently described class; often triple negative, but distinct in that there is low expression of cell-cell junction proteins including E-cadherin and frequently there is infiltration with lymphocytes.

*64. Burst appendicitis is an example of?

a. Primary peritonitis → SBP: CIRRHOSIS: >250 PMN/cu·mm in ascitic fluid

b. Secondary peritonitis → PUD, appendicitis

c. Tertiary peritonitis → ANASTOMOTIC LEAK

d. ~~Quaternary peritonitis~~

65. A patient on PPI for PUD is non-compliant and presents with severe epigastric pain. Blumberg sign is positive with guarding and rigidity. Dullness in flanks on percussion is found. Which of the following is best investigation for diagnosis?

a. X Ray abdomen (supine) standing

b. CT abdomen

c. USG abdomen

d. Barium meal follow through

PERITONITIS

PUD

66. Ground glass appearance on X Ray abdomen is a feature of which of the following

a. Peritonitis

b. Small bowel obstruction

c. Large bowel obstruction

d. Paralytic ileus

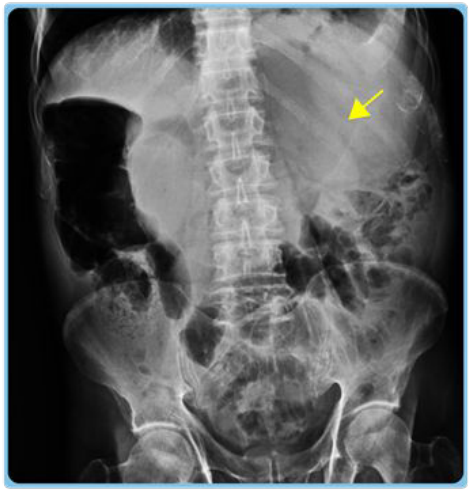
GGO: liver Bx: HBV

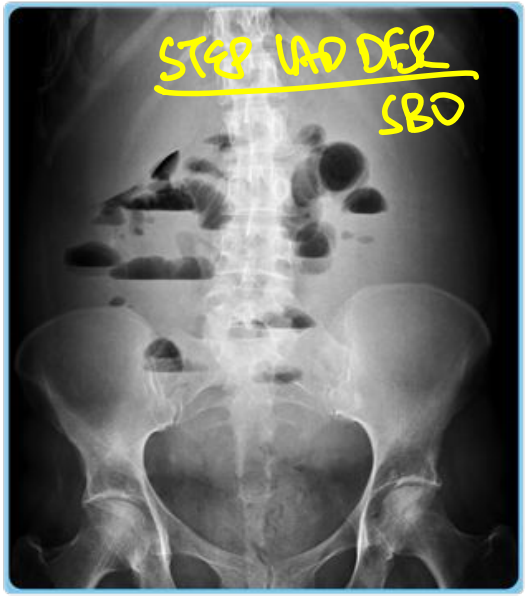
↓

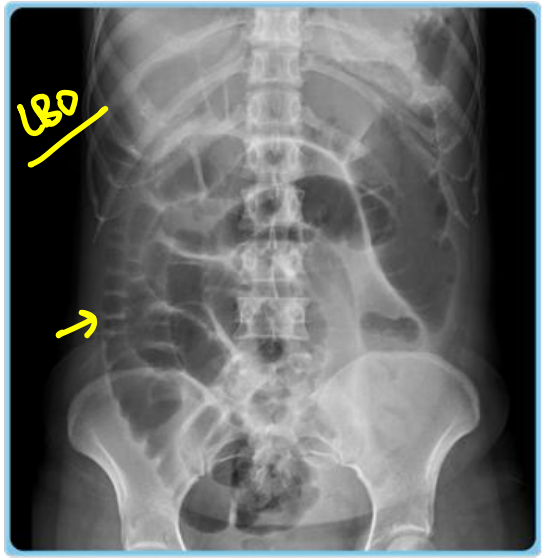
CXR: PT: HMD

CXR: adult: asbestosis / silicosis

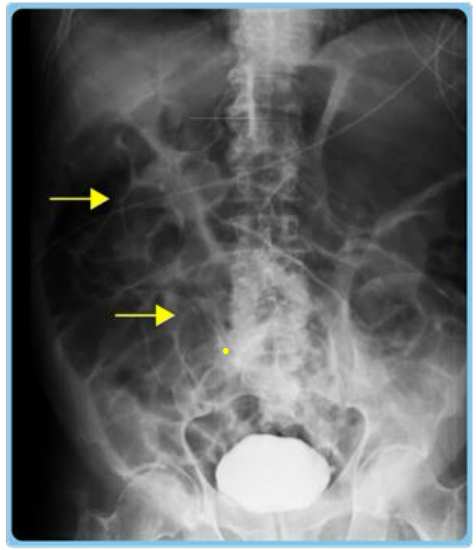
XRay Abdo: PERITONITIS







Paralytic ileus



67. Which of the following is best investigation for diagnosis of Acute mesenteric ischemia?

A.Fib → SMA

ARTERIAL Occlusion

a. UGI endoscopy

b. NCCT abdomen

c. CECT abdomen

d. CTA Abdomen

SSI

68. Which of the following is not correct about Burst abdomen

a. Occurs between 5th to 8th post operative day ✓

b. Vertical incision is more prone for dehiscence muscle cutting + ✓

c. Suturing of peritoneum is most vital for wound strength

d. Suture length to wound length ratio should be > 4:1 JENKIN Rule ✓

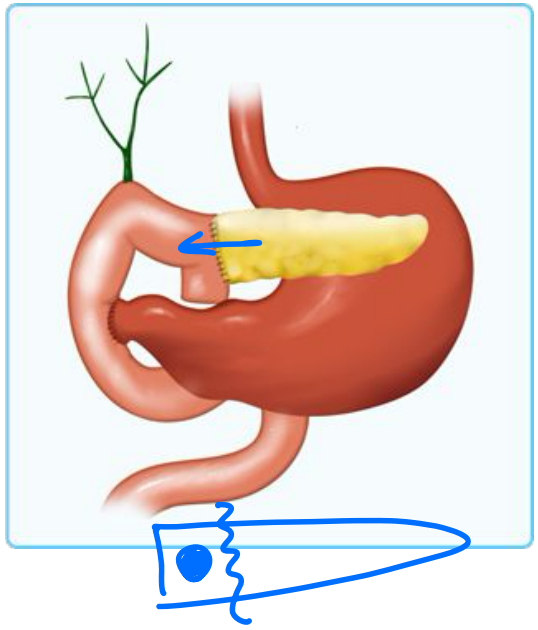
69. Which procedure is shown here

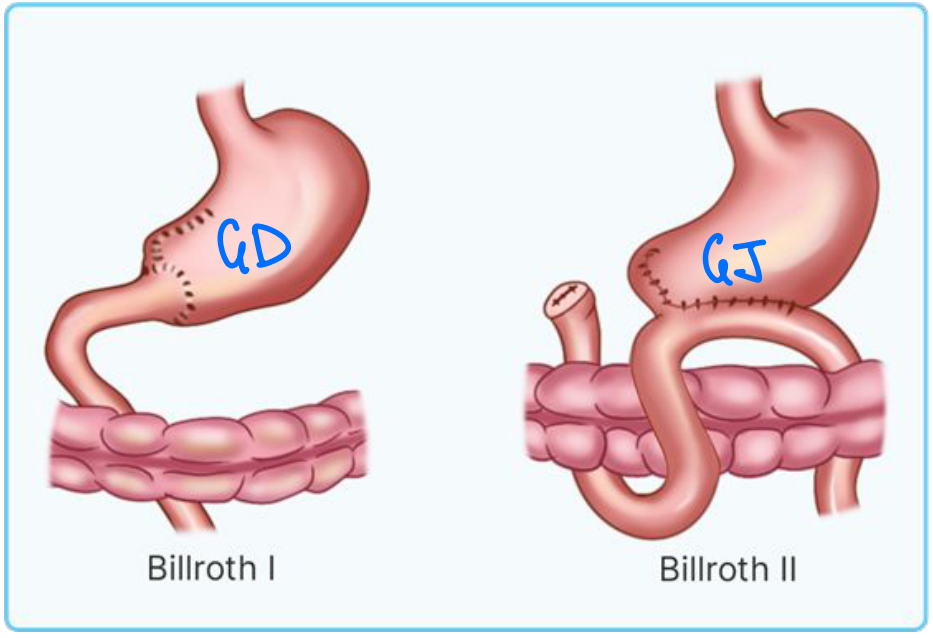
a. Bilroth I procedure

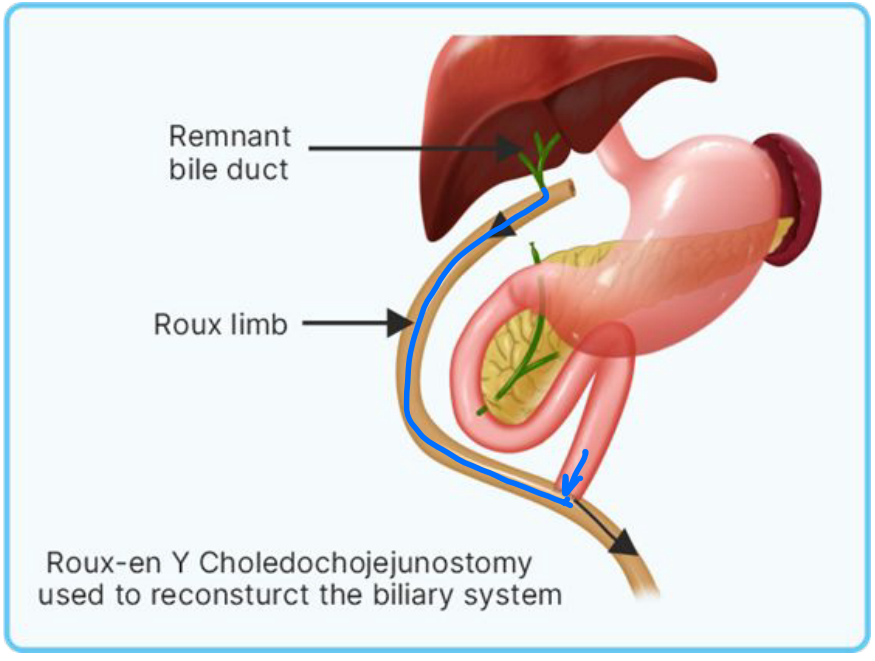
b. Bilroth II procedure

c. Roux en Y cholecystojejunostomy

d. Whipple procedure




GD
GJ
Billroth I
Billroth II


Remnant
bile duct
Roux limb
Roux-en Y Choledochojejunostomy
used to reconsturct the biliary system

70. A 42-year-old man presents with left scrotal swelling for 3 months as shown below. It does not reduce on lying down. There is no history of trauma. What is the most appropriate next step in management?

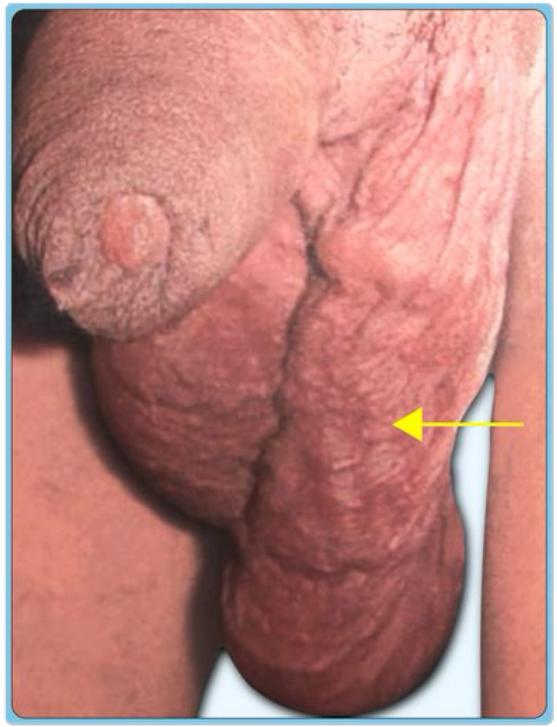
Varicocele

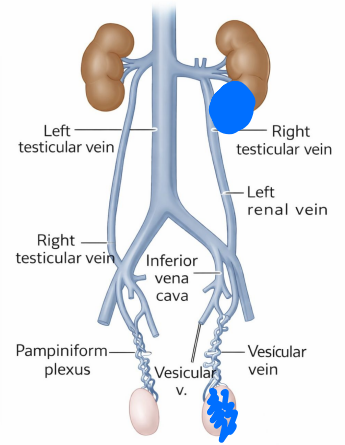
a. Advise scrotal support and reassurance

b. Perform varicocelectomy

c. Ultrasound abdomen to rule out renal cell carcinoma

d. Bag of worms appearance





71. A 30-year-old male presents with pain in the scrotum. On examination the testis is swollen and erythema over scrotal skin is noted. Inguinal lymph nodes are not palpable. Elevation of testis reduces the pain in this patient. Diagnosis is?

a. Epididymitis

b. Torsion testis

c. Lymphogranuloma Venerum

d. Testicular cancer

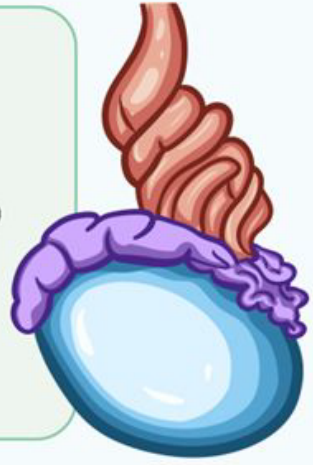
WORSENING pain

✓PREHN

EXACERBATION of PAIN

NEGATIVE

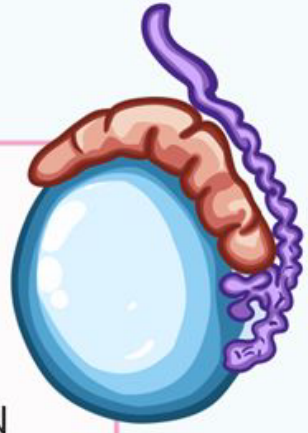
- TESTICULAR TORSION
  -TESTICLE ROTATES & COMPRESSES SPERMATIC CORD
  - SUDDEN ONSET of PAIN
  - TREATED BY MANUAL DETORSION OR SURGERY



RELIEF oF PAIN

POSITIVE

- ACUTE or CHRONIC EPIDIDYMITIS
  - BACTERIAL INFECTION, USUALLY from STI,
  - GRADUAL ONSET of PAIN
- TREATED with ANTIBIOTICS & ANTI-INFLAMMATORIES



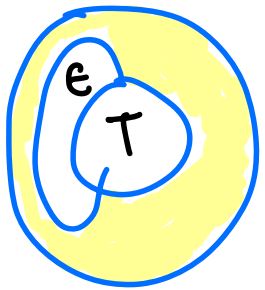
72. A 32-year-old man presents with a painless swelling in the right scrotum for 6 months. On examination, the swelling is soft, fluctuant, and located above and posterior to the testis. Further examination is shown below. What is the most likely diagnosis?

a. Hydrocele

b. Varicocele

c. Epididymal cyst

d. Testicular tumor



Hydrocele

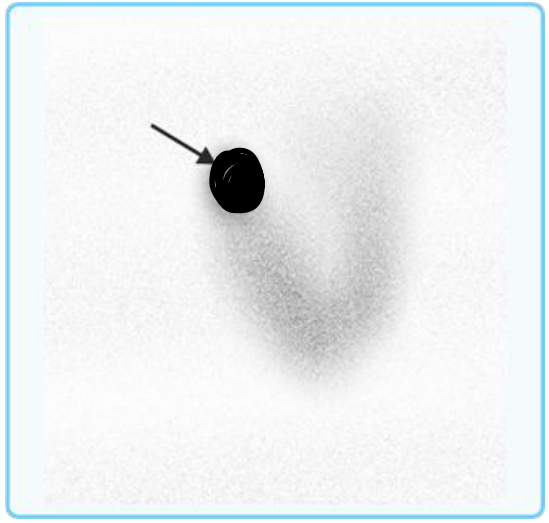
73. The following thyroid radioactive scan is indicative of which of the following

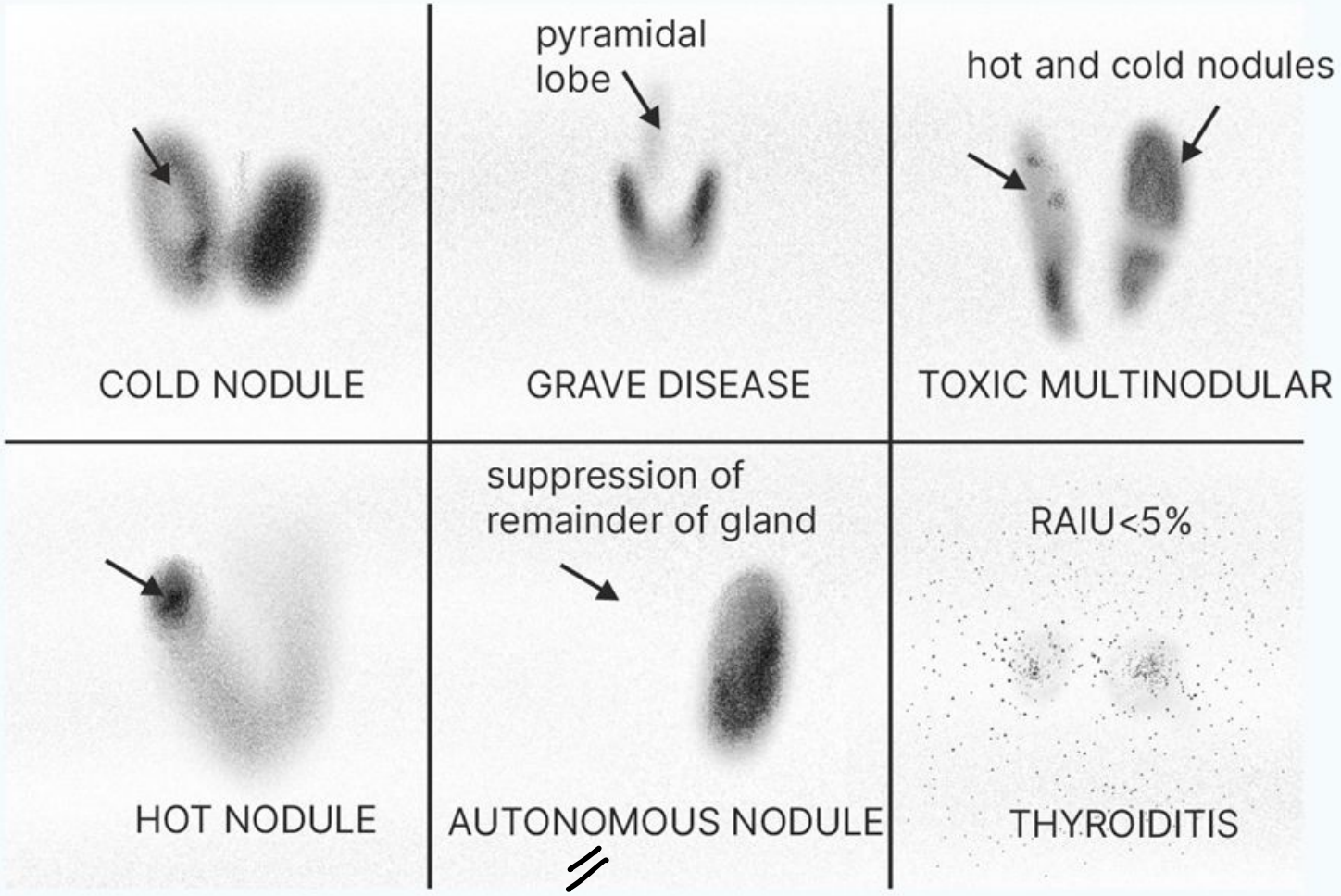
a. Hot nodule

b. Autonomous nodule

c. Thyroid dysgenesis

d. Malignancy




pyramidal lobe
hot and cold nodules
COLD NODULE
GRAVE DISEASE
TOXIC MULTINODULAR
suppression of remainder of gland
RAIU<5%
HOT NODULE
AUTONOMOUS NODULE
THYROIDITIS

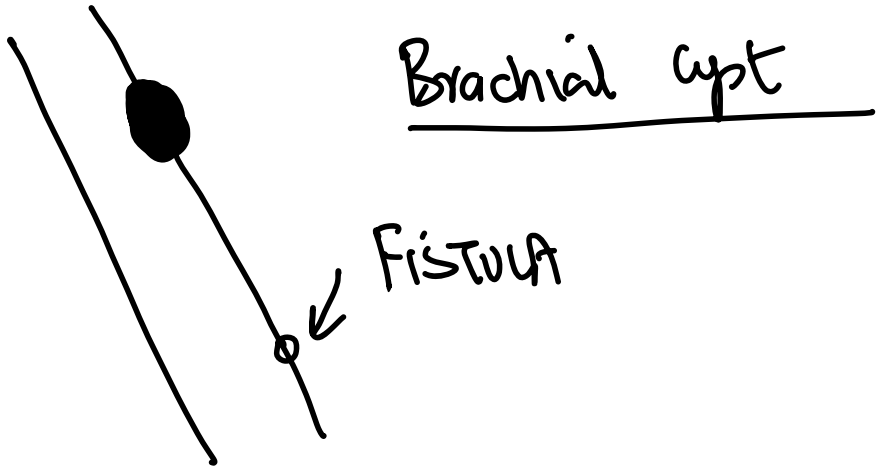
74. A 14-year-old boy presents with recurrent mucous discharge from a small opening along the anterior border of the sternocleidomastoid muscle. He has a history of recurrent neck swelling since childhood. On examination, a sinus opening is noted in the lower third of the neck. Where is the internal opening of this fistula most likely located?

a. Pyriform sinus

b. Tonsillar fossa

c. Posterior pharyngeal wall

d. Base of tongue



THYROGLOSSAL CYSTS / FISTULA

↓ foramen caecum

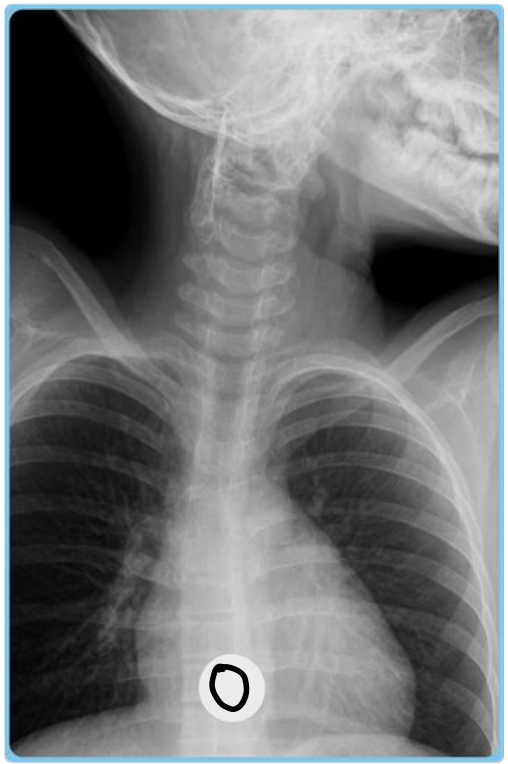
75. Comment on management of this symptomatic foreign body?

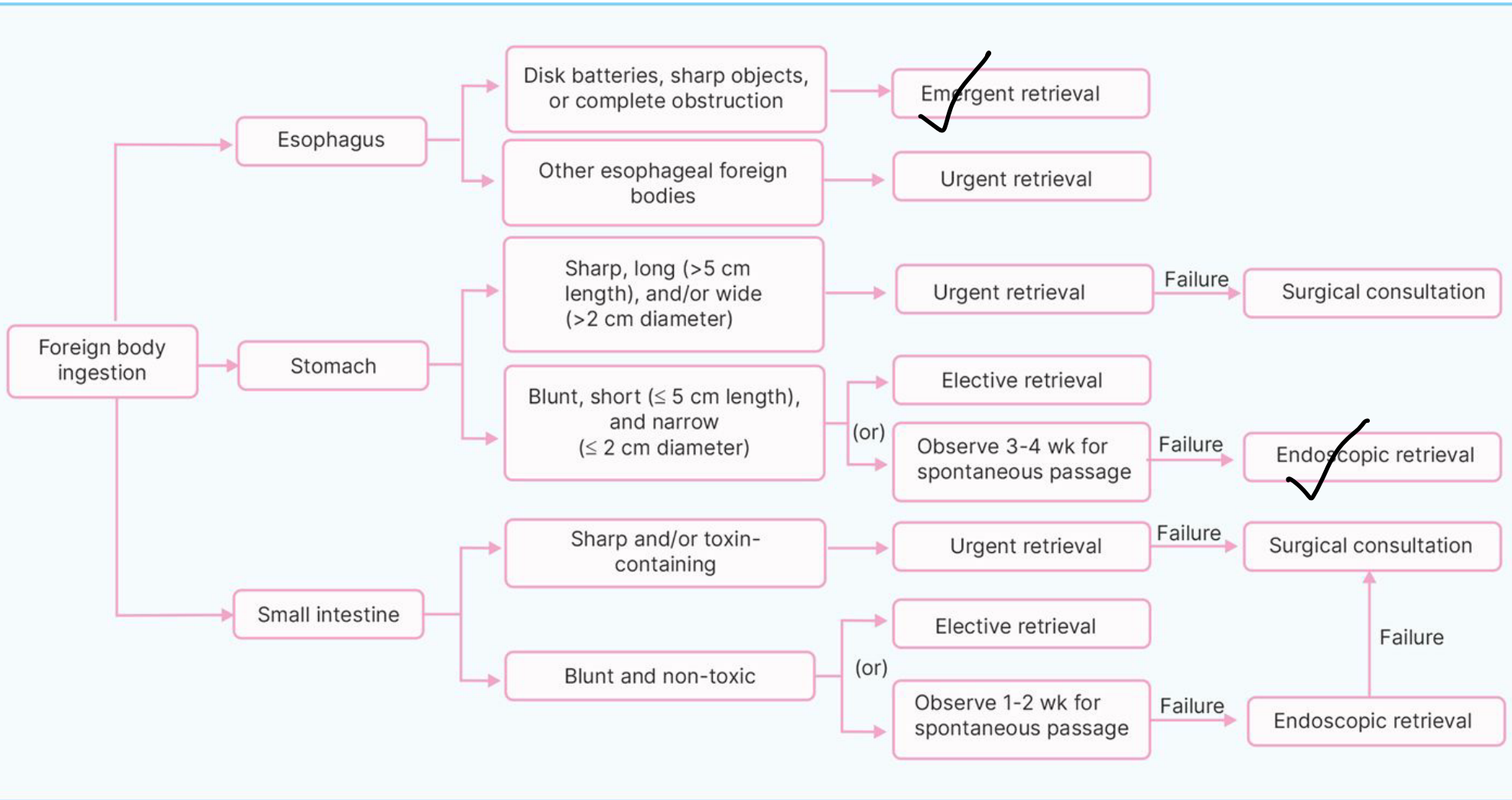
a. Right bronchus

b. Elective retrieval

c. Oesophagus

d. Endoscopic retrieval




Foreign body ingestion
Esophagus
Disk batteries, sharp objects, or complete obstruction
Emergent retrieval
Other esophageal foreign bodies
Urgent retrieval
Stomach
Sharp, long (>5 cm length), and/or wide (>2 cm diameter)
Urgent retrieval
Failure
Surgical consultation
Blunt, short (≤ 5 cm length), and narrow (≤ 2 cm diameter)
Elective retrieval
(or)
Observe 3-4 wk for spontaneous passage
Failure
Endoscopic retrieval
Small intestine
Sharp and/or toxin-containing
Urgent retrieval
Failure
Surgical consultation
Blunt and non-toxic
Elective retrieval
(or)
Observe 1-2 wk for spontaneous passage
Failure
Endoscopic retrieval
Failure

THANK YOU