

**III Professional MBBS Part II Degree Regular/Supplementary Examinations**  
**May 2025**  
**General Surgery Paper II**  
**(2019 Scheme)**

**Time: 3 Hours****Total Marks: 100**

- Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers
- Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together • Leave sufficient space between answers
- Draw table/diagrams/flow charts wherever necessary
- Write section A (52 pages) and section B (32 pages) in separate answer books. Do not mix up questions from section A and section B

**Q.P. Code: 324001****Max. Mark: 70****Section A – General Surgery including Anaesthesiology, Radio diagnosis****1. Multiple Choice Questions****(20x1=20)**

**The MCQ questions (Q.No. i to Q.No. xx) shall be written in the space provided for answering MCQ questions at page No. 51 of the answer book (the inner portion of the back cover page (PART III)). Responses for MCQs marked in any other part/page of the answer book will not be valued**

**Question numbers i-v are case scenario-based questions**

A 7-year-old boy is brought to the emergency department with a 2-day history of severe colicky abdominal pain, vomiting, and drawing up his legs. On examination, he is mildly dehydrated, and there is a sausage-shaped mass palpable in the right upper quadrant

- What is the most likely diagnosis
  - Appendicitis
  - Intussusception
  - Volvulus
  - Meckel's diverticulitis
- What is the initial imaging modality to confirm your diagnosis
  - Abdominal X-ray
  - Abdominal CT scan
  - Abdominal ultrasound
  - Barium enema
- What is the primary pathophysiological mechanism causing the patient's symptoms
  - Inflammation
  - Obstruction
  - Perforation
  - Infection
- What is the initial treatment approach in a stable patient
  - Surgical exploration
  - Antibiotics
  - Fluid resuscitation and enema reduction
  - Pain management
- What is a potential complication of the non-operative treatment
  - Appendicitis
  - Peritonitis
  - Gastroenteritis
  - Constipation

**Question numbers vi-x consist of two statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below**

- Assertion (A):** Incisional hernias are a common complication of abdominal surgery  
**Reason (R):** They occur due to inadequate wound healing
  - Both A and R are true, and R is the correct explanation of A
  - Both A and R are true, but R is not the correct explanation of A
  - A is true, but R is false
  - A is false, but R is true
- Assertion (A):** General anesthesia involves a reversible loss of consciousness  
**Reason (R):** It primarily works by blocking pain signals
  - Both A and R are true, and R is the correct explanation of A
  - Both A and R are true, but R is not the correct explanation of A
  - A is true, but R is false
  - A is false, but R is true
- Assertion (A):** Undescended testis (cryptorchidism) increases the risk of infertility and testicular cancer  
**Reason (R):** The higher temperature in the abdomen impairs sperm development
  - Both A and R are true, and R is the correct explanation of A
  - Both A and R are true, but R is not the correct explanation of A
  - A is true, but R is false
  - A is false, but R is true
- Assertion (A):** Dental caries is a preventable disease  
**Reason (R):** Regular oral hygiene and fluoride use are effective preventive measures
  - Both A and R are true, and R is the correct explanation of A
  - Both A and R are true, but R is not the correct explanation of A
  - A is true, but R is false
  - A is false, but R is true

**(PTO)**



x. Assertion (A): Focused Assessment with Sonography for Trauma (FAST) is a rapid tool for detecting intra-abdominal free fluid

Reason (R): It is highly accurate in identifying solid organ injuries

- a) Both A and R are true, and R is the correct explanation of A      c) A is true, but R is false  
b) Both A and R are true, but R is not the correct explanation of A      d) A is false, but R is true

**Question numbers xi-xv are multiple response type questions. Read the statements and mark the most appropriate answer**

- xi. In the management of a child with acute appendicitis, the essential steps include:  
1) Laxatives      2) Prompt surgical intervention, preoperative antibiotics  
3) Managing pain      4) Adequate hydration  
a) 1 and 2      b) 1, 2, 3 and 4      c) 2 and 4      d) 1 and 3
- xii. Regarding the principles of informed consent, the crucial elements are:  
1) Patient's signature and Doctor's approval  
2) Disclosure of risks and benefits  
3) Patient's capacity to understand, and voluntary decision  
4) Guarantee of a successful outcome, and family's approval  
a) 1 and 2      b) 2 and 3      c) 3 and 4      d) 1 and 4
- xiii. Postoperative nausea and vomiting (PONV) can be minimized by:  
1) Multimodal antiemetic prophylaxis  
2) Prolonged fasting, minimal fluid intake and antiemetics only if symptoms develop  
3) Adequate hydration and minimizing opioid use  
4) Deep breathing exercises and opioid analgesics  
a) 1 and 3      b) 2 and 3      c) 3 and 4      d) 2 and 4
- xiv. The advantages of laparoscopic surgery compared to open surgery typically include:  
1) Smaller incisions and reduced blood loss  
2) Faster recovery  
3) Higher risk of complications, longer operative time  
4) Similar recovery time but increased cost  
a) 1 and 2      b) 2 and 3      c) 3 and 4      d) 1 and 4
- xv. In the management of urinary stones, the following considerations are important:  
1) Stone size      2) Location      3) Composition      4) Presence of infection  
a) 1 and 2      b) 1, 2 and 3      c) 3 and 4      d) 1, 2, 3 and 4

**Question numbers xvi-xx are single response type questions**

- xvi. The characteristic finding in Barium swallow in a case of achalasia cardia is  
a) Bird beak appearance      c) Lead pipe appearance  
b) Apple core appearance      d) Leather bottle appearance
- xvii. During a surgical procedure, a patient experiences a sudden drop in blood pressure. What is the immediate priority  
a) Continue the surgery without interruption  
b) Administer a large volume of fluids rapidly  
c) Identify the cause of the hypotension and take appropriate corrective measures  
d) Call for a psychiatric consultation
- xviii. A patient requires long-term nutritional support following resection of more than 200 cm of gangrenous small bowel. What is the most appropriate access  
a) Peripheral intravenous catheter      c) Butterfly needle  
b) Central venous catheter      d) Feeding jejunostomy
- xix. A patient presents with a dislocated tooth. What is the best initial management  
a) Replant the tooth immediately if possible and seek dental consultation  
b) Leave the tooth as it is and advise rinsing with water  
c) Extract the tooth to prevent further damage  
d) Apply ice to the area and wait for it to heal
- xx. The most common long term complication of perineal abscess is  
a) Incontinence      b) Perineal pain      c) Tenesmus      d) Fistula in ano

(PTO)

2. A 65-year-old male presents with painless jaundice which is progressive and there are scratch marks over body on examination
  - a) Discuss the differential diagnosis
  - b) Elaborate on the investigation algorithm including the role of imaging (ERCP, MRCP)
  - c) Outline the patient preparation and surgical options with a brief mention of their complications
  - d) Discuss the importance of palliative care in inoperable cases what are the palliative measures feasible (1+2+4+3)
3. Describe the anesthetic considerations for a patient undergoing emergency laparotomy for a perforated peptic ulcer.
  - a) Preoperative assessment and optimization.
  - b) Intraoperative management, including fluid balance and monitoring.
  - c) Postoperative pain management and potential complications. (3+4+3)

**Short Essays:**

(3x6=18)

4. Discuss the principles of management of a child with Hirschsprung's disease.
5. Explain the classification and management of vesicoureteral reflux (VUR) in children.
6. Describe the complications of gastrectomy and their prevention.

**Short Answers:**

(3x4=12)

7. List four causes of small bowel obstruction.
8. Describe in detail with examples - Conflicts in professional relationship
9. Outline the steps of the WHO Surgical Safety Checklist.

**Q.P. Code: 325001**

**Max. Marks: 30**

**Section B – Orthopaedics Including Physical Medicine and Rehabilitation**

**Short Essays**

(3x6=18)

1. Describe the aetiopathogenesis, clinical features, investigations and principles of management of dislocation of the shoulder joint.
2. Describe the clinical features, investigation and principles of management of Tuberculosis of the knee joint.
3. Describe the aetiopathogenesis, clinical features, investigations and principles of management of osteosarcoma of distal end of femur

**Short Answers**

(3x4=12)

4. Thomas splint
5. Scaphoid fracture
6. Arthrocentesis

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