

**GASTROENTEROLOGY****PAPER-II**Time: 3 hours  
Max. Marks:100

GASTRO/J/19/10/II

**Important Instructions:**

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

**Write short notes on:**

1. a) Tropical malabsorption syndrome. 4+3+3  
b) Pathophysiology of short bowel syndrome.  
c) HIV enteropathy
2. Acute on chronic liver failure(ACLF): 3+4+3  
a) Definition and Classification.  
b) Etiopathogenesis.  
c) Management.
3. NASH: 3+4+3  
a) Epidemiological spectrum.  
b) Pathogenesis.  
c) Management beyond life style modifications.
4. a) Recent advances in pathogenesis & diagnosis of 5+5  
inflammatory bowel disease (IBD).  
b) Newer therapies in IBD.
5. a) Molecular and genetic basis in pancreatic disorders. 3+3+4  
b) Prognostic criteria in severe acute pancreatitis.  
c) Autoimmune pancreatitis.
6. a) Approach to a case of incidentally detected HBsAg 3+3+4  
positive subject.  
b) Treatment of chronic Hepatitis B and C co-infection.  
c) Treatment goals in Chronic Hepatitis B.
7. a) Pathogenesis of ascites in cirrhosis. 3+4+3  
b) Diagnosis & management of spontaneous bacterial  
peritonitis.  
c) Management of refractory ascites.

**P.T.O.**



**GASTROENTEROLOGY**

**PAPER-II**

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|-----|---|-------|
| 8.  | Hepatocellular Carcinoma (HCC):   | 3+4+3 |
|     | a) Molecular & genetic basis in pathogenesis.                             |       |
|     | b) Management strategies for early HCC.                                   |       |
|     | c) Liver transplantation in HCC - When and Why?                           |       |
| 9.  | a) Pathogenesis and prognostic scores in Severe Alcoholic Hepatitis(SAH). | 4+3+3 |
|     | b) Status of liver transplant in SAH.                                     |       |
|     | c) Non transplant management of SAH.                                      |       |
| 10. | a) Management of primary sclerosing cholangitis.                          | 4+3+3 |
|     | b) IG4 cholangiopathy.  |       |
|     | c) Clinical presentations of portal biliopathy.                           |       |

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