

FINAL EXAM
DECEMBER 2016

NATIONAL BOARD OF EXAMINATIONS

SURGICAL GASTROENTEROLOGY

PAPER – II

SURG.GASTRO/D/16/46/II

Time : 3 hours

Max. Marks : 100

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. Diagnosis and management of a patient with asymptomatic portal cavernoma cholangiopathy in a patient with extra hepatic portal venous obstruction. 5+5
2. a) List the predisposing factors for development of a hepatocellular carcinoma. 3+7
b) Diagnosis and staging of hepatocellular carcinoma.
3. a) Step up approach to the management of a patient with severe necrotizing pancreatitis. 8+2
b) List the indications for surgical intervention in the first four weeks after onset of the disease.
4. a) How would you diagnose a 'small-for-size' syndrome after liver resection or transplantation? 4+6
b) How will you manage such a patient?
5. Advantages and disadvantages of pancreatoduodenectomy performed laparoscopically. 5+5
6. Management of a patient with intra-operatively recognized transection of the common bile duct during laparoscopic cholecystectomy being done by a general surgeon at a district hospital. 10
7. Clinical presentation, diagnosis and management of a patient suspected to have an insulinoma. 3+3+4
8. In a patient with surgical obstructive jaundice: 2+5+3
a) List the various methods of percutaneous biliary drainage.
b) Complications of any one method.
c) List the absolute and relative indications for percutaneous biliary drainage.
9. Compare the advantages and disadvantages of deceased donor and living donor liver transplantation. 5+5
10. Diagnosis and management of a patient with suspected xanthogranulomatous cholecystitis. 4+6
