

Reg. No.:

**Third Professional MBBS (Part II) Degree Supplementary Examinations
August 2023****General Surgery - I****Time: 3 Hours****Max marks: 60**

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

Q P Code: 307001**Section A – Surgery (GIT)****Marks: 30****Structured Essay****(5)**

1. A 55-year-old male, a known alcoholic, is presenting in casualty with massive haematemesis associated with altered consciousness. (1+2+2)
a) What is the probable diagnosis
b) How do you investigate
c) Discuss the management.

Short essays**(2x6=12)**

2. Infantile hypertrophic pyloric stenosis.
3. Hydatid cyst of the liver.

Clinical Situation**(3)**

4. A 30-year-old male presenting to the casualty with bright red, painless bleeding per anum since one day.
a) What is the probable diagnosis.
b) What are the investigations.
c) Discuss the treatment.

Short notes**(5x2=10)**

5. Ochsner-Sherren regime.
6. Colostomy.
7. Courvoisier's law.
8. Complications of gallstones.
9. Helicobacter pylori.

Q P Code: 312001**Section B – Orthopedics****Marks: 30****Essay****(6)**

1. Define non-union. Briefly outline how to treat a 36-year-old male with infected fracture non-union of the tibia of one-year duration. (2+4)

Short essays**(4x3=12)**

2. Acute anterior shoulder dislocation.
3. Care of paraplegic patient.
4. Clinoradiological features and management of lateral epicondylitis.
5. Clinoradiological features of rickets.

Short notes**(6x2=12)**

6. Adhesive capsulitis of shoulder.
7. Clinical features of compartment syndrome of forearm.
8. Radiological features of Ewing's sarcoma.
9. Management of clavicle fractures.
10. Torticollis.
11. Radiological features of ankylosing spondylitis.