**Reg. no.: .....**

# Third Professional MBBS Part II Degree Supplementary Examinations
## October 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 form 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 answered **only in the OMR sheet provided 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. **For marking the correct responses use X mark only**

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

A 55-year-old male presents to the outpatient department with complaints of difficulty in urination, increased frequency, and nocturia for the past 6 months. He reports straining during urination and a weak urinary stream. There is no hematuria or pain. On digital rectal examination (DRE), the prostate is enlarged, firm, and non-tender. His serum PSA is 3.5 ng/mL.

i. What is the most likely diagnosis in this patient
   a) Prostate cancer
   b) Benign Prostatic Hyperplasia (BPH)
   c) Chronic prostatitis
   d) Urethral stricture

ii. Which of the following is **NOT** a typical symptom of BPH
   a) Hesitancy b) Nocturia c) Intermittency d) Hematuria

iii. Which investigation is most useful in assessing the severity of bladder outflow obstruction in BPH
   a) Post-void residual urine (PVR)
   b) Intravenous pyelogram (IVP)
   c) Urinalysis
   d) Uroflowmetry

iv. Which is the first-line pharmacologic treatment for symptomatic BPH
   a) Finasteride b) Tamsulosin c) Oxybutynin d) Tolterodine

v. Which of the following is a possible complication of untreated BPH
   a) Hydronephrosis b) Testicular torsion c) Peyronie's disease d) Bladder rupture

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

**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**

vi. **Assertion (A):** The classic presenting symptoms of dysphagia, regurgitation and weight loss are often absent until primary tumor has become advanced in carcinoma esophagus
**Reason (R):** With Longitudinal spread is mainly via the submuscular lymphatic channels of esophagus

vii. **Assertion (A):** A patient with sudden severe chest pain following vomiting is suspected to have Boerhaave's syndrome. Immediate surgical intervention is crucial.
**Reason (R):** Esophageal perforation can lead to mediastinitis and rapid hemodynamic deterioration.

viii. **Assertion (A):** Pain in acute appendicitis typically starts in the periumbilical region and later shifts to right iliac fossa
**Reason (R):** The visceral peritoneum is initially involved, followed by parietal peritoneal irritation

ix. **Assertion (A):** Direct inguinal hernia passes through the deep inguinal ring
**Reason (R):** The deep inguinal ring is a defect In transversalis fascia

x. **Assertion (A):** Left sided colon cancers usually present with iron deficiency anaemia only
**Reason (R):** Right sided colon cancers often present with anaemia due to occult bleeding **(PTO)**

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

xi. Which of the following are recognized complications of peptic ulcer disease
1) Perforation 2) Hemorrhage 3) Pancreatitis 4) Gastric outlet obstruction
a) 1, 2, and 3 b) 1, 2 and 4 c) 2 and 3 d) 2, 3 and 4

xii. Dumping syndrome is seen in
1) Bill roth 2 anastomosis 2) Roux – en -Y GJ 3) Truncal Vagotomy
4) Highly selective Vagotomy
a) 4 only b) 1, 2 and 4 c) 2 and 3 d) 1, 2 and 3

xiii. Which of the following is true regarding capsule endoscopy
1) It consists of an optical dome, lens, 2 LEDs, battery, Transmitter and antenna
2) Battery life is upto 8 hours
3) It compares favourably with gold standard techniques for ocalisation of cryptic and occult GI Bleeding
4) It is indicated in patients with small bowel obstruction
a) 1, 2 and 3 b) 2 and 3 c) 4 only d) 1, 2 and 3

xiv. Which of the following is seen with bladder extrophy
1) Shortened penis due to diastasis of pubic symphysis
2) Incompetent bladder neck continence mechanism
3) Waddling gait
4) Lengthened perineum and posteriorly displaced anus
a) 1 only b) 1, 2 and 3 c) 1 and 3 d) 4 only

xv. Which of the following are TRUE regarding Tracheo Oesophageal fistula
1) An abnormal fistulous connection between esophagus and trachea
2) More commonly seen in female children
3) Can occur alone or in combination with esophageal atresia
4) In 10 percent patients, there is association of anomalies referred to as VATERL
a) 2 only b) 1 and 2 c) 1, 3 and 4 d) 1 and 4

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

xvi. A 35 year old man came with complaints of dark coloured stools to OPD. After undergoing endoscopy, the patient was diagnosed with an upper GI Bleed. Which of the following structures is used as a demarcation point to differentiate it from lower GI Bleed
a) Ampulla of Vater c) Superior duodenal flexure
b) Ligament of treitz d) Ileocaecal junction

xvii. Goodsall's Rule is applicable for
a) Pilonidal sinus b) Fistula in ano c) Perianal Abscess d) Fissure in ano

xviii. All of the following are TRUE regarding anatomy of kidney **EXCEPT**
a) Right renal vein is longer than left renal vein
b) Perinephric fat is whiter than colonic fat
c) At Renal hilum, first structure encountered is renal vein and last is renal pelvis
d) Right gonadal vein opens directly into inferior vena cava

xix. Which of the following is TRUE about GB Polyp as a risk factor for CA GB **EXCEPT**
a) Polyp size more than 1 cm c) Polyp of any size with Gall bladder stone
b) Sessile polyp with fibrovascular core d) Cholesterol Polyp is also risk factor

xx. Which of the following is FALSE about liver hemangioma
a) Most common benign tumor of liver
b) Incidence has increased with widespread use of ultrasound
c) CT scan shows hypoattenuating lesion with early contrast enhancement
d) All are true

**(PTO)**

**Long Essays:** **(2x10=20)**

2. A 45-year-old obese female presents to the outpatient department with complaints of intermittent right upper quadrant abdominal pain for the past 6 months. The pain is colicky in nature, usually occurs after fatty meals, and lasts for 1–2 hours. She also reports occasional nausea but denies vomiting, fever, or jaundice. No history of prior abdominal surgeries. Ultrasound shows Gallbladder is distended with multiple echogenic foci casting posterior acoustic shadows, consistent with gallstones.
    a) Classify gall stones
    b) Discuss etiopathogenesis of Acute calculous cholecystitis
    c) Enumerate management of Acute calculous cholecystitis (3+3+4)
3. A forty five year old male is brought to the casualty with the complaint of sudden onset of severe abdominal pain and vomiting. He had taken a few analgesics tablet for musculoskeletal pain earlier. On examination he is dehydrated. Pulse rate – 102 bpm, his abdomen is rigid and liver dullness is obliterated
    a) Discuss the probable etiology
    b) How will you evaluate the patient
    c) What are the treatment options for his condition (3+3+4)

**Short Essays:** **(3x6=18)**

4. Gastric outlet obstruction
5. Cleft Lip
6. Pheochromocytoma

**Short Answers:** **(3x4=12)**

7. Imagine you are Dr. Veer (a male doctor). A 17 year old girl has come to with history of bleeding PR How do you carry out ethically acceptable clinical examination
8. Regional Anaesthesia
9. Imperforate anus

**Q.P. Code: 325001** **Max. Marks: 30**

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

**Short Essays:** **(3x6=18)**

1. Describe the aetiology, clinical features, investigations, principles of management and complications of fracture neck of femur in an adult over 60 years age.
2. Describe the aetiopathogenesis, clinicoradiological manifestations and complications of chronic osteomyelitis.
3. Describe the aetiopathogenesis, clinical features, investigations and principles of management of congenital dislocation of hip joint in a 3 year old child

**Short answers:** **(3x4=12)**

4. Axillary crutches
5. Monteggia fracture
6. Crush syndrome

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