

CARDIO THORACIC SURGERY (PART-II/FINAL)**PAPER-II**Time: 3 hours
Max. Marks:100

CTS/J/20/04/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:

- a) Coronary arteriography. 5+5
 - b) Digital subtraction angiography.
- a) Describe the morphology and pathophysiology of hypertrophic obstructive cardiomyopathy (HOCM). 5+5
 - b) Describe the clinical features and management of this condition.
- a) Describe the morphological features of cor triatriatum and classify it. 5+5
 - b) Describe the clinical features and management of this condition.
- a) Classification of Double Outlet Right Ventricle (DORV). 3+3+4
 - b) Taussig Bing Heart.
 - c) Brief description of repair of Taussig Bing Heart.
- a) Managing calcified aorta during CABG. 3+4+3
 - b) Principles in management of concomitant coronary and carotid occlusive disease.
 - c) Prevention of neurologic injury during CABG.
- a) Atrial fibrillation. 3+3+4
 - b) Treatment approach in atrial fibrillation.
 - c) Radiofrequency ablation in cardiac surgery.
- a) Digoxin. 3+3+4
 - b) Trans-esophageal echocardiography (TEE).
 - c) General principles in Re-operative cardiac surgery.
- a) Transcatheter Aortic Valve Replacement (TAVR). 4+3+3
 - b) Heart Team approach in TAVR.
 - c) Transcatheter heart valve replacement technology.

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9. a) What is atrial isomerism? What are its types? 5+5
b) What is its clinical significance?
10. Describe the principle and operative technique of the following operations. 4+3+3
a) Classic Glenn Shunt & Bidirectional Glenn Shunt.
b) Kawashima Operation.
c) Hemi-Fontan operation.

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