

PAEDIATRIC SURGERY (DIRECT 6 YEARS COURSE) PART-I**PAPER-II**Time: 3 hours
Max. Marks:100

PEDSURG1/J/20/30/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:

- Enumerate the options for peripheral and central venous access in children. 3+3+4
 - Enumerate the complications of TPN in children.
 - What is the full form of FAST and how it is done?
- What are the neonatal fluid requirement in moderate surgical condition on day-1, day -2 and day -3 of life? 3+2+3+2
 - Enumerate the causes of prolonged indirect hyperbilirubinemia in new-born.
 - What are the different methods of thermoregulations in new born?
 - Hypoglycaemia in infants.
- Enumerates the modes of ventilation in new born and infants. 3+2+3+2
 - Parameters for weaning from ventilator.
 - What are the complications with mechanical ventilation in children?
 - Continuous Positive Airway Pressure.
- Development of diaphragm. 3+3+4
 - Describe the different types of diaphragmatic hernia.
 - Discuss the antenatal diagnosis with prognostic factors for congenital diaphragmatic hernia.
- What are the causes upper gastrointestinal bleeding in children? 2+2+2+4
 - How is portal hypertension classified?
 - How do you reach to the diagnosis of portal hypertension in children?
 - Outline the management of Budd-Chiari syndrome.
- Embryological events causing abdominal wall malformations. 2+3+2+3
 - Antenatal diagnosis of abdominal wall malformations.
 - How do you counsel parents with fetal abdominal wall malformations?
 - What are the recent advances in the management of abdominal wall defects?

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7. a) Classify choledochal cysts with diagram. 4+2+4
b) Discuss the proposed causes of choledochal cysts.
c) Outline the management of choledochal cyst in infants.
8. A 3-year girl presented with history of continuous dribbling of urine. In 3+4+3
between she voids urine in stream. Physical examination was
unremarkable except wet undergarments.
a) How will you investigate such a patient?
b) What are the possible genito-urinary anomalies associated with such
presentation?
c) How will you manage such a case?
9. A 2-year-old boy presented with history of ingestion of toilet cleaner few 3+3+4
hours ago.
a) What will be your approach to the immediate management of such a
patient?
b) What are the possible short term and long term complications?
c) Briefly outline the management of post corrosive ingestion esophageal
stricture.
10. A 5-day-old neonate presented with failure of passage of meconium since 3+4+3
birth. There was no history of vomiting. The abdomen was distended.
Anal opening was normal.
a) What are the possible causes?
b) Which investigations will you ask for reaching the diagnosis?
c) Briefly outline the medical management of meconium ileus.
