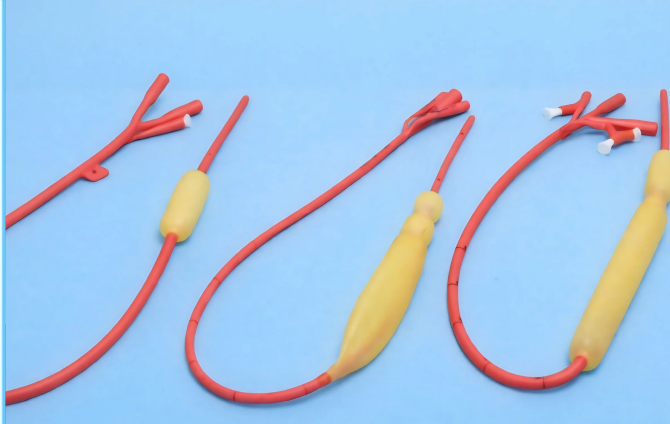
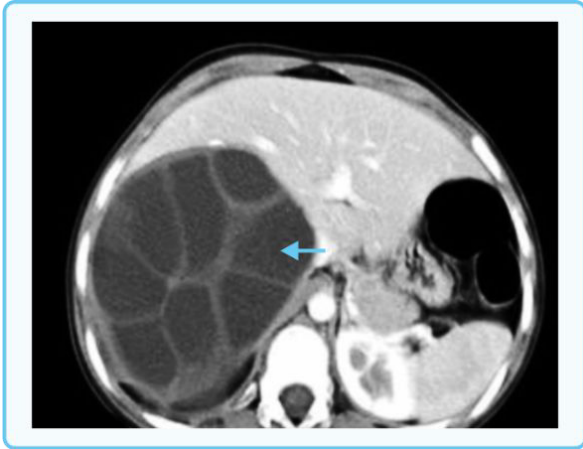
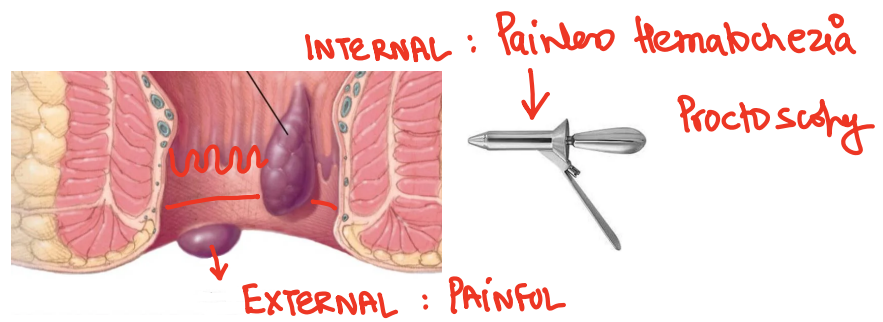


# SURGERY



1. 25-year-old male presents with severe perianal pain after straining during passage of hard stool. On examination olive shaped lump at perianal margins is noted. Which is the correct diagnosis? =

- a. Anal fissure
- b. Haemorrhoids** External
- c. Pilonidal sinus guttural cleft, Pus discharge
- d. Anorectal abscess FEVER



RAMSTEDT

↓  
2. Which of the following is not correct about CHPS diagnosed in a 3-week-old infant?

- a. Visible pulsations in Hypogastrium *epigastrium*
- b. Olive size lump ✓
- c. Hyponatremia is first electrolyte imbalance to be corrected *Na ↓ Cl ↓*
- d. Prenatal exposure to macrolides is a risk factor ✓ *T<sub>1</sub> pregnancy*

→ "CHLORIDE"

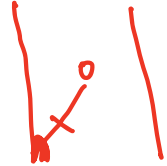
\* MURPHY SIGN ⇒ ac. cholecystitis

## MURPHY-TRIAD

3. 10-year-old child presents with pain that started in epigastrium and migrated to right iliac fossa with fever and multiple vomiting episodes. On examination, rovsing sign is noted. Which of the following is correct about this condition? =

RIF pain: LIF pressure

a. Maximum tenderness is noted at junction of medial 1/3 and lateral 2/3 of line joining ASIS and umbilicus =



b. Preferred investigation for diagnosis of this case is ultrasound +

c. Ochsner Sherren regimen is used for management of appendicular abscess  
MASS

d. Alvarado score is used to assess for complications

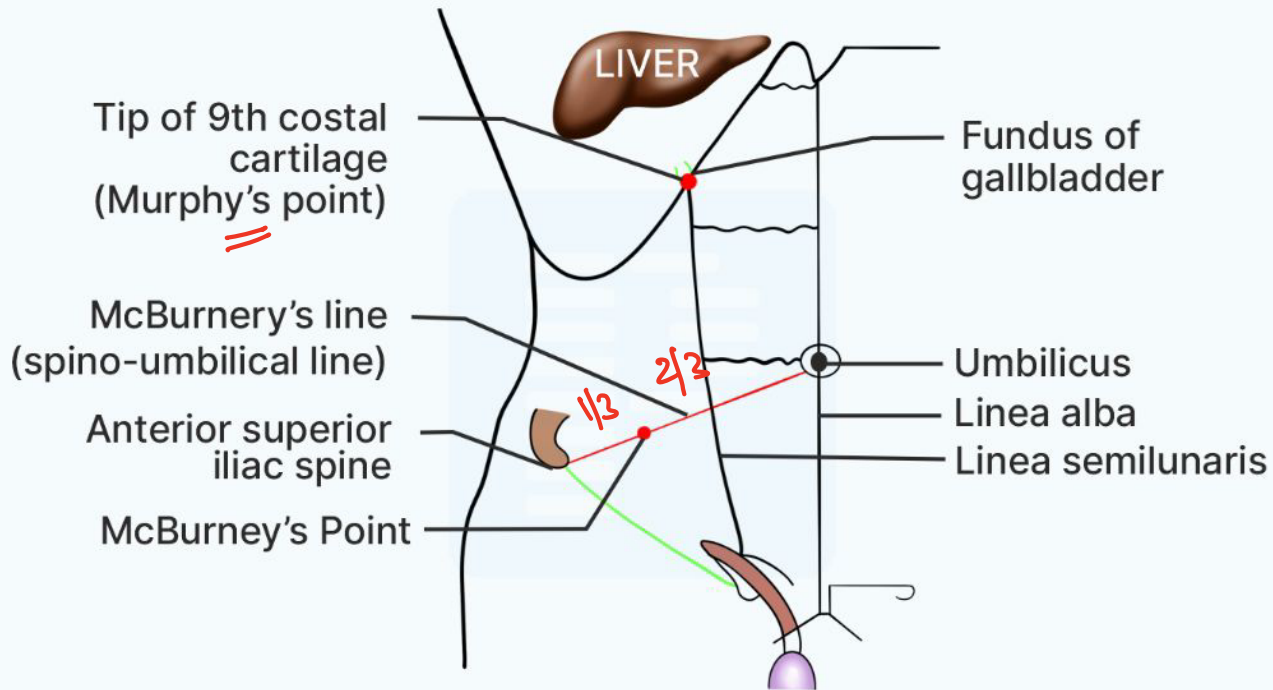
~~diagnosis~~

FELCOWITH?

Feature	Details
Classical Triad	<ul style="list-style-type: none"> <li>- Pain (initial periumbilical → Shift to right iliac fossa)</li> <li>- Vomiting</li> <li>- Fever</li> </ul>
<u>Silent Appendix</u>	<ul style="list-style-type: none"> <li>- ✓ Retrocecal appendix (less prominent Tenderness)</li> <li>- Atypical or mild symptoms</li> </ul>
Investigation of choice	<ul style="list-style-type: none"> <li>- CT abdomen (adults) <b>CECT</b></li> <li>- Ultrasound (children, pregnant women)</li> </ul>
Muscle-Cutting incision	<ul style="list-style-type: none"> <li>- Gridiron incision (McBurney's) - splits external oblique, but cuts internal oblique/ transversus abdominis</li> </ul>
Muscle- Splitting Incision	<ul style="list-style-type: none"> <li>- Lanz incision - cosmetically better, splits muscle layers along their fibers</li> </ul>

**Alvarado Score****MANTREL**

<b>Feature</b>	<b>Score</b>
Migration of pain ✓	1
Anorexia ✓	1
Nausea ✓	1
Tenderness in right lower quadrant *	2
Rebound pain ✓	1
Elevated temperature ✓	1
Leukocytosis ✓ *	2
Shift of white blood cell count to the left	1
<b>Total</b>	<b>10</b>



4. Which of the following hernia is most commonly seen in a patient after undergoing muscle cutting incision in appendicectomy?

a. Direct inguinal hernia <sup>=</sup> ← ilioinguinal, iliohypogastric N

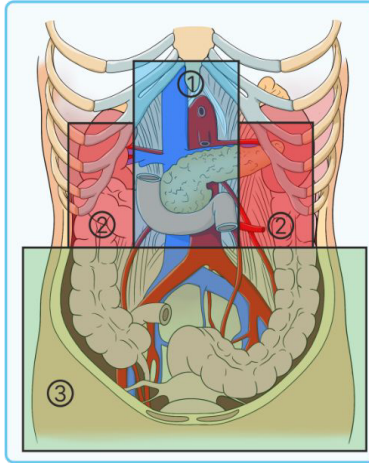
b. Indirect inguinal hernia

c. Femoral hernia

d. Incisional hernia

5. Routine exploration for blunt abdominal trauma should be done for which zone?

- a. 1
- b. 2
- c. 3
- d. All



AORTA, IVC #

6. Which of the following is muscle cutting incision for appendicectomy? ✓

a. Rutherford Morrison

b. Mcburney → GRID IRON  SPLITTING

c. Lanz → COSMETICALLY SUPERIOR

d. Right lower paramedian

↓  
7. SvO<sub>2</sub>, mixed venous oxygen saturation is used in assessment of shock. This parameter is used in measuring at which of the following sites?

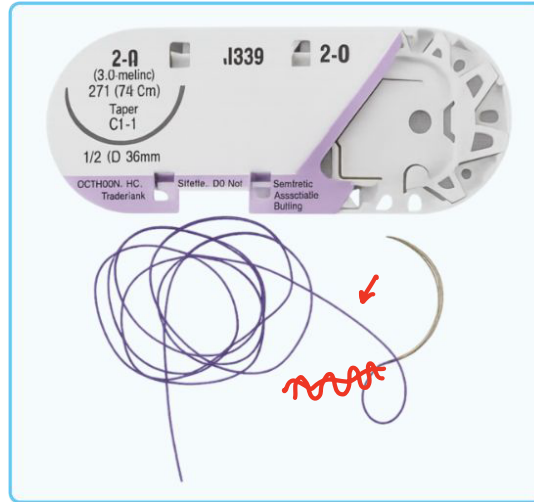
- a. Inferior vena cava ✓
- b. Subclavian vein
- c. Superior vena cava ✓
- d. Pulmonary artery

VR  
\* body — SVC  
— IVC

\* Thebesian veins

## 8. What is the suture material shown below?

- a. Prolene
- b. Polyglactin**
- c. Catgut
- d. Chromic catgut



Violet  
PDS: MF  
Polyglactin  
↳ polyfilament

Suture	Material	Structure	Color	Absorption Time
Vicryl →	Polyglactin 910	Braided PF	<u>Violet</u>	56-70 days *
Monocryl	Poliglecaprone 25	Monofilament	Clear OR Violet	90-120 days
PDS II	Polydioxanone	Monofilament	<u>Violet</u>	=180 days ( 6 months)
Plain Catgut	Sheep Intestine (Collagen)	Monofilament	Yellow	70 days
Chromic catgut	Treated Collagen	monofilament	Brown	90 days
Prolene →	Polypropylene	Monofilament	Blue →	Non-absorbable
Nylon (Ethilon)	Polyamide	Monofilament	Black/ Green	Non-absorbable
Silk	Natural protein	Braided	Black	Non-absorbable (loses strength in 1 year)
Ethibond	Polyester	Braided	Green	Non-absorbable

## Resuscitation in Trauma abdominal

9. A 30-year-old patient of polytrauma is being managed with damage control resuscitation. Are all of the following correct about it except?

a. Abbreviated laparotomy

b. Temporary packing and closure

c. Low volume resuscitation

TARGET 90/60 mm Hg

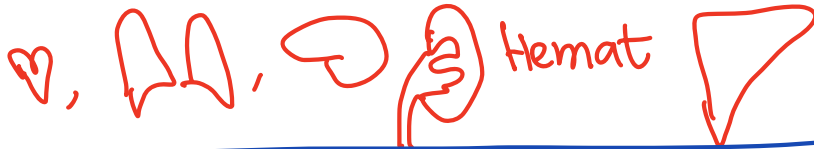
d. Liberal use of colloids to allow volume expansion

10. 40-year-old with gun-shot to leg is brought to ER in confused state. Heart rate is 120/min, BP 70/50 mm Hg. RR 30/min with nil urine output on Foley catheter insertion. All are correct about his condition except?

- a. Modified shock index will predict mortality ✓
- b. Location and clamping the bleeder is stop the bleeding ✓
- c. Infuse type O Plasma for volume expansion O-blood
- d. Target urine output of 2 ml/kg/hour during resuscitation with volume replacement

## 11. Which of the following is correct about components of SOFA score?

- a. SBP, Respiratory rate and GCS q- SOFA
- b. SBP, Respiratory rate, urine output and GCS
- c. MAP, po<sub>2</sub>/Fio<sub>2</sub> ratio, GCS, Creatinine,
- d. MAP, po<sub>2</sub>/Fio<sub>2</sub> ratio, GCS, Creatinine, platelet count and Bilirubin

 Hemat

Sepsis : septic SHOCK  
+ SBP < 90/60, > 1hr, mofite vasopressor

Sepsis 2026

NEWS SCORE

ROST- LP

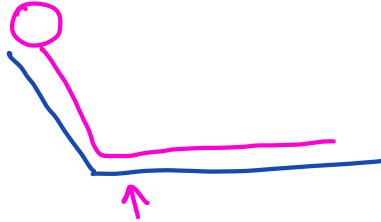
RR, SpO<sub>2</sub>

SBP, Temp

Loss of conscious

## 12. What is the most common site of pressure sores?

- a. Ischium
- b. Greater trochanter
- c. Sacrum
- d. Heel



13. All of the following causes of shock lead to elevated CVP except? ✓

a. Cardiac tamponade ✓

b. Pulmonary embolism ✓

c. Air embolism ✓

d. Sepsis

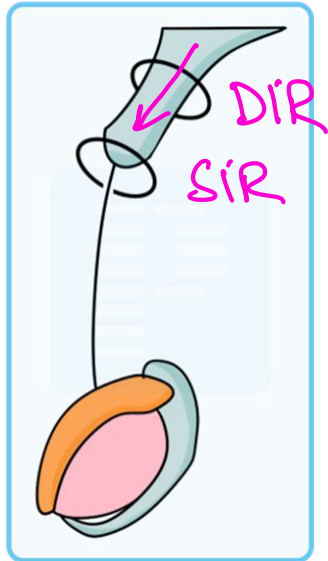
14. Which of the following is best to differentiate between direct and indirect inguinal hernia

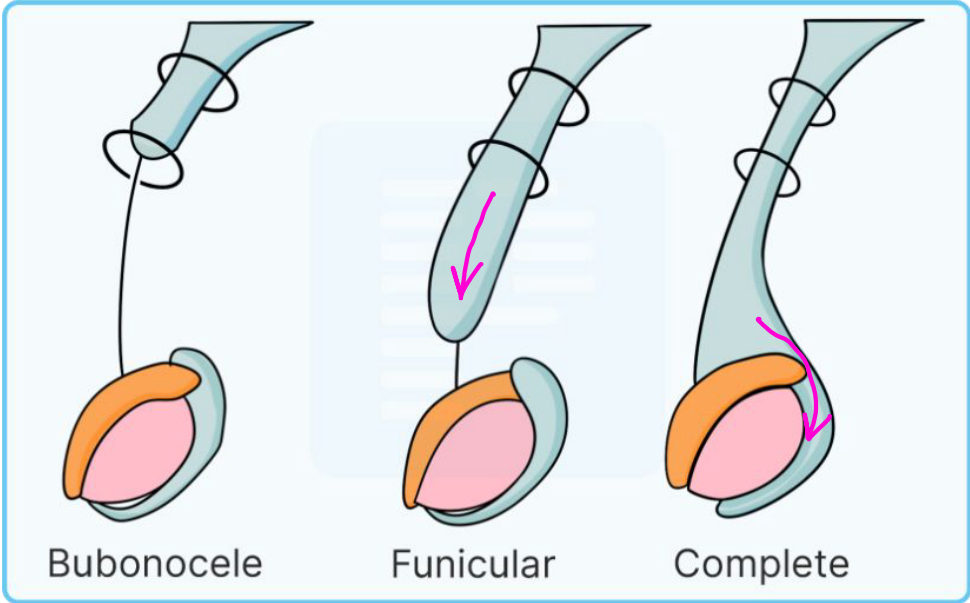
\* bowel loops

- a. Cough impulse ✓
- b. Groin swelling ✓
- c. Reducibility ✓
- d. Deep ring occlusion test

15. The following schematic diagram shows indirect inguinal hernial sac and testis relations. Which of the following description is correct for this hernia

- a. Bubonocele
- b. Funicular
- c. Complete
- d. Saddle bag





iiA

16. When both a direct and an indirect inguinal hernia coexist on the same side, the two sacs lie on either side of the inferior epigastric vessels and is called as?

a. Littre hernia

✓  
Meckel's

b. Richter hernia

✓  
Some part of  
circumference

Amyand HERNIA

c. Hernia en glissade

Appendix

d. Pantaloon hernia

of bowel wall

\* Colon, UB



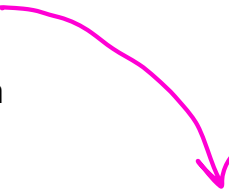
17. The most common type of hernia seen in female patients is?

a. Direct inguinal hernia

b. Indirect inguinal hernia

c. Femoral hernia

d. Maydl hernia



- CONSTIPATION  
- COPD  
- POWER-LIFTING

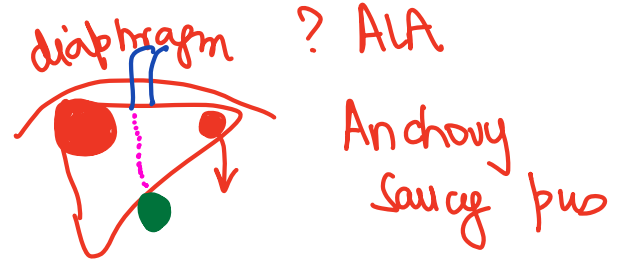
18. 30-year-old patient present fever and right upper quadrant pain that is radiating to the right shoulder. Ultrasound shows an abscess in the right lobe of the liver measuring 3 × 3 cm. Which is the correct line of management of this case?

a. IV albendazole

b. IV metronidazole

c. IV metronidazole + USG guided drainage

d. IV metronidazole + USG guided drainage + pigtail catheter for residual drainage



drainage → > 5cm abscess (Rt lobe)  
in ALA > any size " (lt lobe)

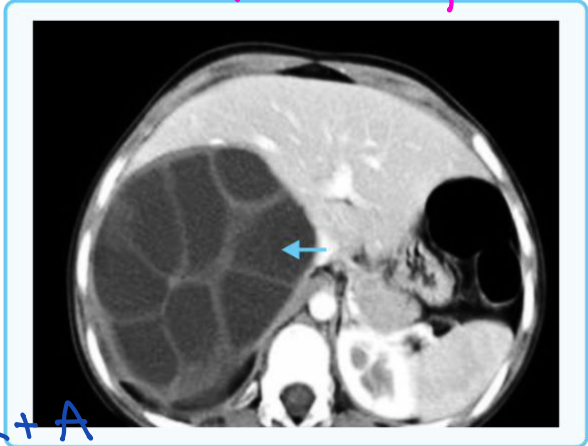
**Drainage is indicated Only if.**

- Abscess > 5-10 cm
- Left lobe (risk of rupture into pericardium)
- Impending rupture
- No improvement after 72 hours
- feature of bacterial (polygenic) abscess

19. A 30 year old butcher presents with mass in the right upper quadrant. On examination increased liver span is noted. CT abdomen is shown below. Which of the following is not correct about this condition

CART-wheel pattern

- a. Gharbi classification used for radiological assessment ✓
- b. PAIR is used for management of CE5 cysts
- c. Can rupture into biliary tree causing cholangitis ✓
- d. Humans are intermediate hosts



Calcification

CE 1 : H. sand, snowflake: PAIR + A  
 2: Honey comb Sx + A  
 3A: H2O lily ☘ PAIR + A  
 3B: daughter cysts Sx  
 4: degenerative wait

5: Calcification wait

**20. Balthazar score is used for assessment of which of the following**

- ✓ a. Acute pancreatitis
- b. Chronic pancreatitis
- c. Carcinoma pancreas
- d. Pseudo pancreatic cyst

- 21. 25-year-old woman presents with fatigue and pruritus with jaundice. She has a known case of ulcerative colitis. USG shows evidence of cholestasis. ERCP image is shown below. Which of the following is correct about this condition?

PBC

P.S.C

- a. Associated with anti-mitochondrial antibody
- b. Central dot sign
- c. Onion skinning
- d. Segmental dilatation of biliary tree

CAROLI: B.D



22. A patient with blunt trauma to the chest is brought to hospital. On examination use of accessory muscles of respiration is noted and trachea appears deviated to the contralateral side. Breath sounds appear distant with dullness to percussion. Which of the following should be done in this patient?

- (a) Urgent CXR
- b. Urgent wide bore needle in 5<sup>th</sup> ICS in mid axillary line
- c. Urgent wide bore needle in 2<sup>nd</sup> ICS in mid clavicular line
- d. Do blood grouping and cross matching and start massive transfusion protocol

HAEMOTHORAX

adult  
pneumo T  
child ↑

23. The image shown shows which of the following

- a. Eschmann blade
- b. Humby knife
- c. Mesher
- d. Watson knife



S.S.G

24. A road traffic accident victim is a 20-year-old guy who was hit by a car while walking on the sidewalk. Which of the following is the first step in management of this patient?

- a. Direct pressure tourniquet for external bleeding
- b. Secure airway after C spine stabilization
- c. Insert wide bore cannula and start crystalloids
- d. Assess for head injury and deteriorating neurological status

→ C  
A  
B  
C  
D  
E

## CABCDE Approach in Trauma (Primary Survey)

Step	Focus	Key Actions
C	Catastrophic hemorrhage control	apply direct pressure, tourniquets, hemostatic dressings
A	Airway with cervical spine protection	Check patency, clear obstructions, apply C-spine collar
B	Breathing and ventilation	Assess chest movement, oxygen saturation, provide O2 or ventilation
C	Circulation with hemorrhage control	Check pulse, BP, control bleeding, start IV fluids/ blood
D	Disability (neurologic status) *	Assess GCS, pupils, limb movement
E	Exposure/ Environment	Fully expose patient to assess injuries prevent hypothermia

↑ 25. Child with IHPS is having following ABG report: pH: 7.48, PCO<sub>2</sub> = 48 and HCO<sub>3</sub> = 33 meq/L. Na 130 meq, K 2.8 meq/L and Chloride of 90 meq/L. Which is correct about management

Cl<sup>-</sup> : 154 meq/L

- a. First give Normal saline to correct dehydration followed by KCL correction
- b. First give KCL correction followed by normal saline
- c. First give ringer lactate to correct dehydration
- d. First give KCL correction followed by ringer lactate

\* Clay color stool

26. The 1 month old infant is vomiting, poor feeding and acholic stools with enlarged liver and high colour urine. USG abdomen shows triangular cord sign. What test should be done for confirmation of diagnosis

a. Hepatobiliary iminodiacetic acid scan

b. ERCP

c. Intraoperative cholangiography

d. CT abdomen

MUSTARD - OIL vomie

OS

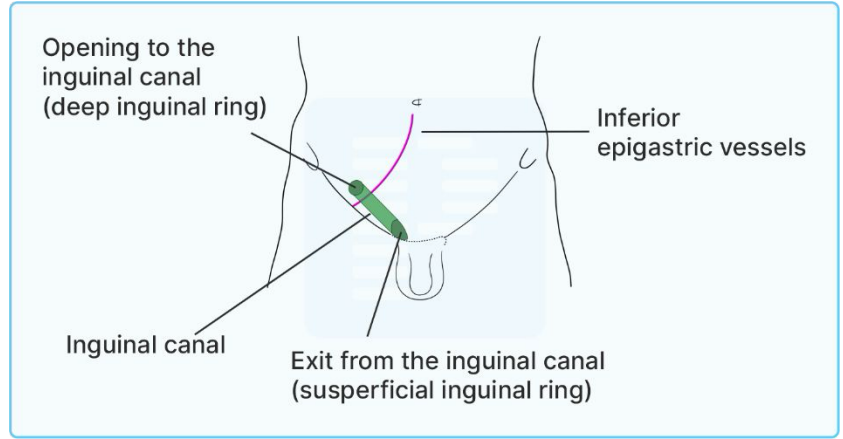
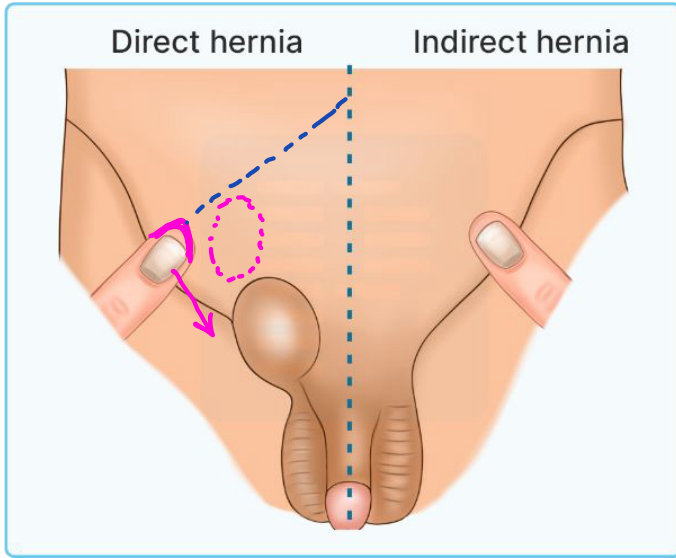
\* biliary A

<b>Aspect</b>	<b>Details</b>
Diagnosis	<ul style="list-style-type: none"><li>- Ultrasound Small/ absent gallbladder, triangular cord sign</li><li>- HIDA Scan: no tracer in bowel even after phenobarbital pre-treatment</li><li>- liver biopsy; bile duct proliferation, fibrosis</li><li>- Intraoperative cholangiography; Gold standard</li></ul>
Treatment	<ul style="list-style-type: none"><li>- Kasai portoenterostomy (best if done before 60 days of life)</li><li>- Liver transplant : If Kasai fails or in advanced liver disease</li></ul>



**27. You are an intern and are performing a deep ring occlusion test in a patient with hernia. Which is the correct statement about it?**

- a. If expansile impulse is seen medial to deep ring it implies indirect inguinal hernia
- b. If expansile impulse is seen ~~lateral~~ to deep ring it implies indirect inguinal hernia
- c. If expansile impulse is seen medial to deep ring it implies direct inguinal hernia
- d. If expansile impulse is seen ~~lateral~~ to deep ring it implies direct inguinal hernia



Pantaloon hernia / saddle bag hernia is where two sacs are present straddling inferior epigastric arteries. One medial and other lateral.

**28. A young female has been diagnosed with femoral hernia. Which of the following is correct about it by NYHUS classification of groin hernias**

- a. Type I
- b. Type II
- c. Type III A
- d. Type III C**

Type	Description
I	Indirect hernia, normal internal ring ( pediatric)
II	Indirect hernia, enlarged internal ring, but posterior wall intact
III	Posterior wall defect (direct or large indirect)
-IIIa	Direct inguinal hernia
-IIIb	Indirect hernia with dilated ring ( scrotal, sliding)
-IIIc * *	Femoral hernia
IV	Recurrent hernia (after prior repair)

29. A patient with hemoglobinopathy is diagnosed with gall stones. What is the composition of these stones?

- a. Cholesterol Monohydrate
- b. Calcium Bilirubinate
- c. Calcium Mono-oxalate
- d. Calcium triple phosphate

Pigment stones \*

RBC # : Bil

30. A 70-year-old man has undergone TURP for Benign prostatic hyperplasia. Which of the following fluids is used for continuous bladder irrigation:

= CBI

a. Normal Saline

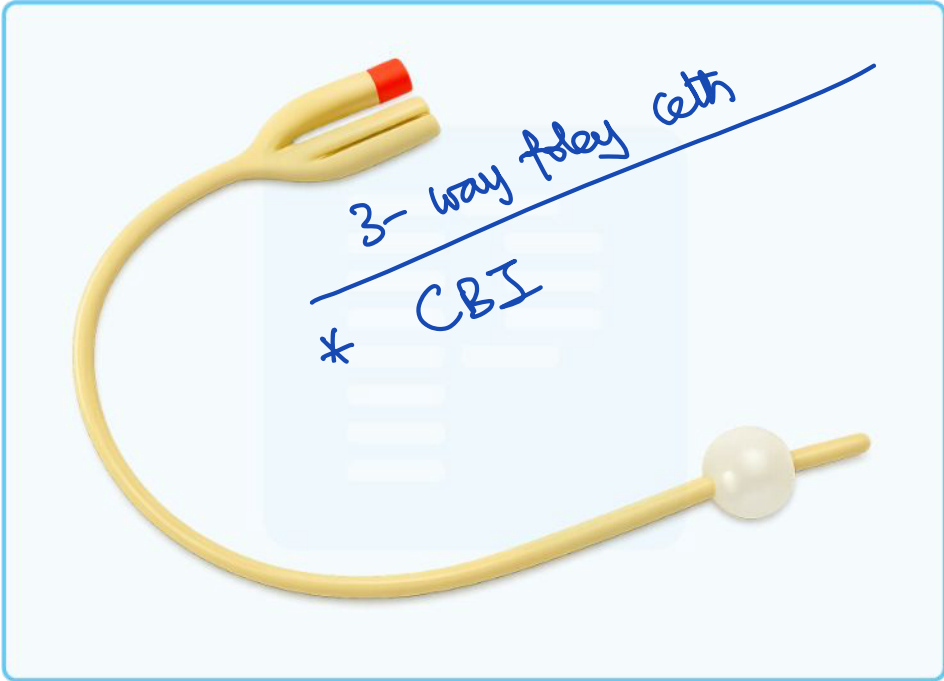
b. Glycine

c. Mannitol

d. Sterile water → SEIZURES + : Na ↓ H<sub>2</sub>O intoxication

## Avoid the following in CBI:

Fluid	Reason to avoid
Sterile water	Hypotonic →risk of hemolysis, hyponatremia, TURP syndrome
Glycine (1.5%)	Used only with monopolar cautery ( non-conductive) but can cause TURP syndrome due to systemic absorption
Sorbitol/ Mannitol	Similar risk as glycine used selectively and cautiously



3-way foley cath

---

\* CBI

31. A 25-year old man sustained a head injury. He is admitted to the ICU. On examination he is having eye opening to pain stimulus, speaks in inappropriate words. On giving painful stimulus to the left hand he exhibits a weak flexion of right arm. The left pupil is non-reactive to light and the right exhibits pupillary reaction. Calculate GCS-P score of this patient

- a. 7
- b. 8
- c. 9
- d. 10

\*  $E = 2$

\*  $V = 3$

\*  $M = 3$

\*  $P = \text{minus} - 1$

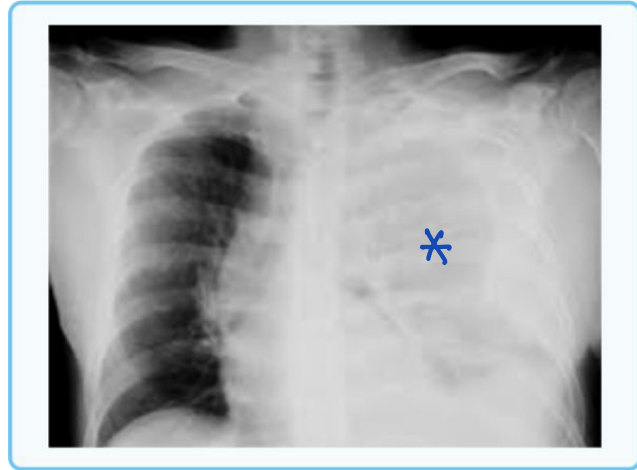
## E 2 V3 M 3 minus P score of 1

Pupil response	Both pupils unreactive to light	-2
	One pupil unreactive to light	-1
	Both pupils reactive to light (normal)	0

32. A patient of chest trauma underwent thoracic surgery. While reviewing output charts you find 200 mL of blood in the drain within the last one hour. What is the next step in management? ✓

↳ X 2 HOURS

- a. Document and continue monitoring
- b. Clamp the drain
- c. Notify the surgeon
- d. Remove the Drain



## Key indications for Concern in Chest Tube Drainage:

Condition	When to Notify / Act
Hemothorax (trauma/surgery)	<ul style="list-style-type: none"><li>● Initial output &gt; 1500 ml. (massive hemothorax) → Consider emergency thoracotomy</li><li>● Ongoing bleeding &gt; 200 mL/ hr for 2-4 hours → Surgical intervention likely</li></ul>
Post-thoracic surgery	>200 mL/hr is considered excessive and may indicate postoperative bleeding
Pneumothorax (air only)	Blood drainage not expected any bloody output is abnormal

**33. You find a patient with central line dressing soaked with blood. What should you do first?**

- a. Change the dressing
- b. Apply pressure over the site
- c. Notify the physician
- d. Start another IV line

T.A.O/BURGER

34. 30-year-old construction worker who smokes presents with night pain in feet and legs. Earlier he was having cramp like pain in calves that are precipitated by walking and relieved by standing still. Which is correct about this condition?

- a. Ankle brachial index of  $< 0.5$   $< 0.9$
- b. Loss of compressibility of vein on ultrasound
- c. Fogarty catheter is used for treatment
- d. Start PDE-3 inhibitor to cause vasoconstriction

DVT  
Acute limb ischemia

35. TRAM flap is used for which of the following

- a. Breast reconstruction
- b. Lip reconstruction
- c. Pilonidal sinus surgery
- d. Venous ulcer repair

Abbey Eschlander flap

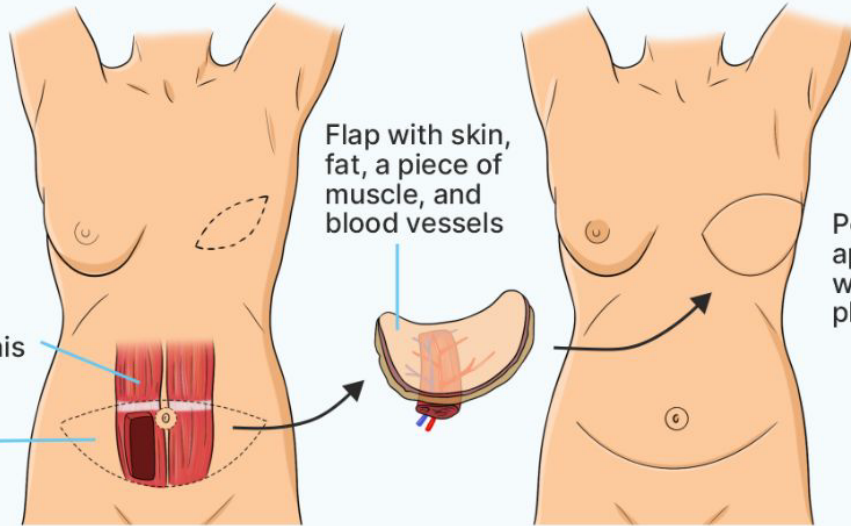
Transverse Rectus  
Abdo. myocutaneous  
flap

Transverse  
rectus abdominis  
muscle

Donor site

Flap with skin,  
fat, a piece of  
muscle, and  
blood vessels

Postoperative  
appearance  
with flap in  
place



<b>Procedure</b>	<b>Tissue Used/ Type</b>
TRAM Flap ✓	Transverse Rectus Abdominis
Abbey-Estlander Flap ✓	Local Lip - sharing flap ( skin , muscle)
Pilonidal sinus Repair ✓	Excision +flap (e.g. <u>Limberg</u> , <u>Karydakis</u> , <u>Z-plasty</u> )
Venous Ulcer Repair ✓	Split- thickness skin graft or local flap

36. Which of the following is not a feature commonly associated with breast cancer in terms of clinical presentation, histopathology, or TNM staging?

- a. Painless, firm, fixed mass in the upper outer quadrant of the breast with associated axillary lymphadenopathy ✓
- b. Invasive ductal carcinoma showing glandular differentiation with possible necrosis and desmoplastic stroma DCIS ✓
- c. T2 category includes a tumor size  $>2$  cm but  $\leq 5$  cm without regional lymph node involvement or distant metastasis 2-5 cm
- d. Lobular carcinoma in situ (LCIS) typically shows invasion through the basement membrane into surrounding tissue

## Explanation:

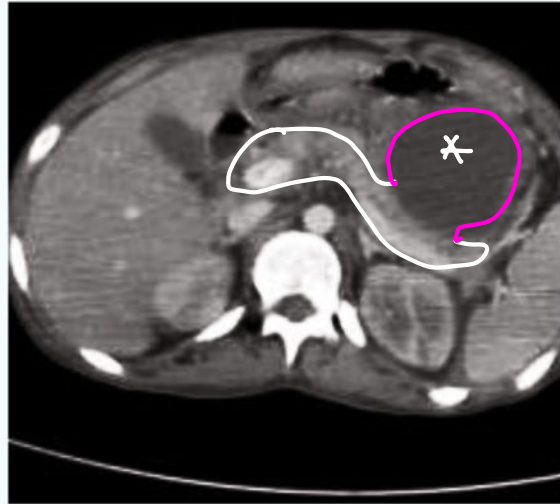
- A, Correct; Painless, firm, fixed mass in the upper outer quadrant and associated axillary lymphadenopathy are classic clinical findings of breast cancer
- B. Correct: Invasive ductal carcinoma (IDC) is the most common subtype of breast cancer. It often shows glandular differentiation with necrosis and desmoplastic stroma.
- C. Correct: in TNM staging T2 refers to a tumor size  $> 2$  cm but  $< 5$ cm with or without lymph node involvement or distant metastasis.
- D. Incorrect: Lobular carcinoma in situ (LCIS) is non-invasive and does not show invasion through the basement membrane. It is considered as risk factor for invasive cancer, not an invasive lesion itself.

T-Stage	Description
T1	Tumor < 2 cm
T2	Tumor > 2 cm but <5 cm
T3	Tumor > 5 cm
T4	Tumor of any size with direct extension to chest wall or skin
T4A	Extension to chest wall ( excluding pectoral fascia)
T4B	→ Skin <u>ulceration</u> or <u>peau d'orange</u> (orange peel appearance)
T4C	Both chest wall extension and skin ulceration
T4D	<u>Inflammatory breast cancer</u> (with peau d'orange appearance)




37. A 45-year-old man presents with nausea vomiting and lump in epigastrium. He is a known alcoholic and has been hospitalized earlier for abdominal paracentesis. CT scan is shown. Diagnosis is?

- a. Ascites
- b. Spontaneous bacterial peritonitis
- c. Pseudo-pancreatic cyst
- d. Stomach volvulus

↓ PANCREATIC



## Size Criteria for Surgery and Surgical Options in Pseudopancreatic Cyst

Cyst Size	Indication for Surgery	Surgical options
<6 cm (small cyst) 	Observation or Endoscopic/ Percutaneous Drainage if symptomatic 	Endoscopic drainage or Percutaneous drainage 
6-10 cm (Moderate Cyst)	Drainage ( Endoscopic or Percutaneous) if symptomatic Surgery if recurrent or infected	Endoscopic cystogastrostomy or Percutaneous drainage
>10 cm (large cyst)	Surgical intervention is usually required due to risk of rupture, infection or compression of surrounding structures	Cystogastrostomy, Cystoduodenostomy, or Cystojejunostomy
Complicated Cyst (infected, Hemorrhagic, Ruptured)	Urgent Surgery if drainage does not work or cyst is causing significant complications	Cyst resection, Cystojejunostomy or cyst - gastric anastomosis

### 38. What is the site of impaction in Gallstone ileus

- a. Hartmann pouch
- b. Ampulla of Vater
- c. Ileocaecal valve
- d. 60 cm proximal to ileocaecal valve

### **Triad**

1. Small bowel obstruction
2. Pneumobilia
3. Mineral shadow on X Ray abdomen

\* 39. Leading cause of lower GI bleeding causing hospitalization and hemodynamic instability is

a. External hemorrhoids

b. Internal hemorrhoids

c. Anal fissure

d. Diverticulosis

DIVERTICULITIS



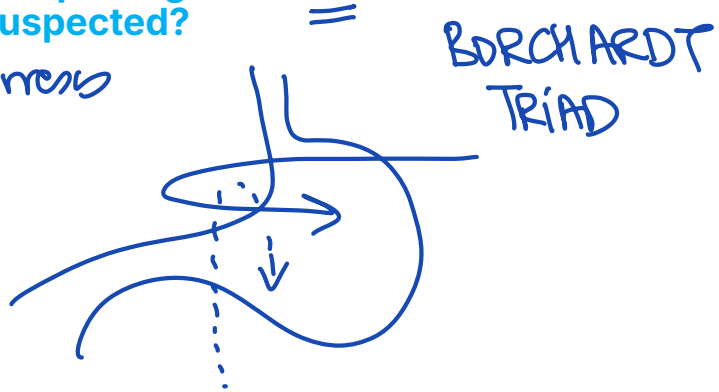
40. A 30-year-old alcoholic patient is having severe epigastric pain. You have admitted the patient and given IV PPI. He is having violent retching but says he is not able to vomit. Efforts in putting a NG tube are unsuccessful. Which medical condition should be suspected?

a. Mallory Weiss syndrome Hematemesis

b. Stomach volvulus

c. Boerhaave syndrome MACKLER

d. Menetrier disease P.V.D



41. Which of the following is a premalignant lesion of stomach?

- a. GIST
- b. Zollinger ellison syndrome
- c. Menetrier disease, GU
- d. Enteropathy associated T cell lymphoma

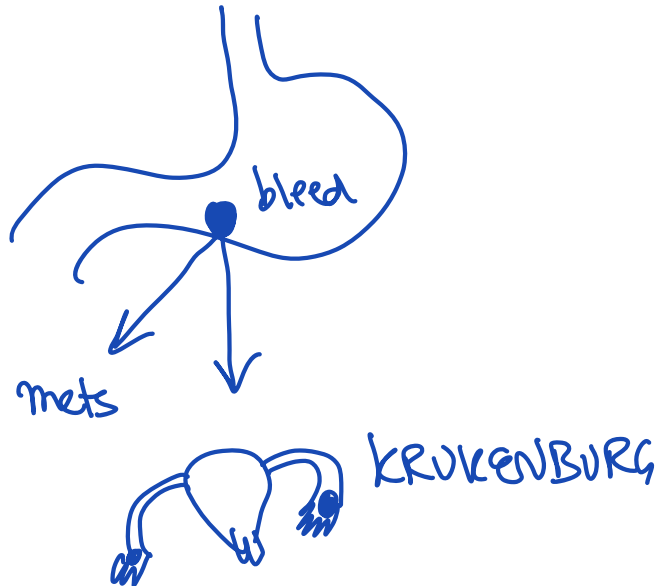
PNET

42. Imaging modality of choice for detection of Zollinger Ellison syndrome?

- a. Gallium 68 DOTATE PET- CT
- b. Somatostatin receptor scintigraphy
- c. Endoscopic ultrasound
- d. Indium 111 radiolabeled scan

### 43. Which of the following is not correct about carcinoma stomach?

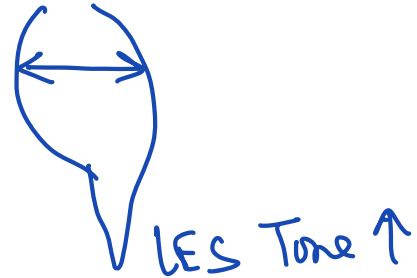
- a. Trousseau syndrome **THROMBOPHLEBITIS**
- b. Sister mary joseph nodules ✓
- c. Osteoblastic secondaries
- d. Iron deficiency anemia ✓







#### 44. Which of the following features will not be seen in patients of achalasia cardia

- a. Lack of gas bubble in stomach ✓
- b. Sigmoid oesophagus ✓
- c. Standing or sitting up straight during meal times ✓
- d. Oesophageal manometry shows hyperperistalsis

↓  
DES



45. Which of the following blades is used for Incision and drainage

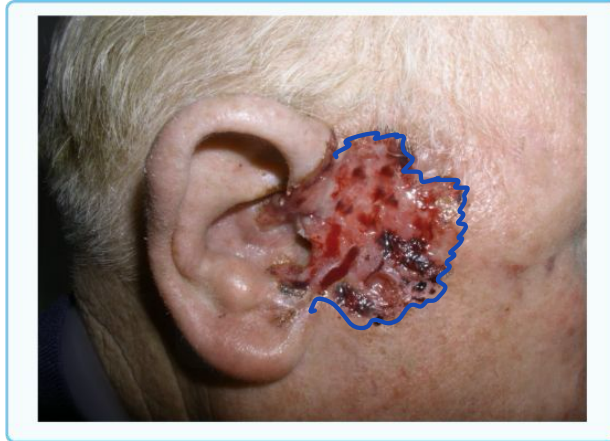
A	B	C	D
 A scalpel blade with a long, thin, pointed blade and a handle with a small notch. A blue arrow points to the tip of the blade. The number 11 is visible on the handle.	 A scalpel blade with a curved blade and a handle with a notch. The number 15 is visible on the handle.	 A scalpel blade with a curved blade and a handle with a notch. The number 22 is visible on the handle.	 A scalpel blade with a curved blade and a handle with a notch. The number 20 is visible on the handle.

46. The 25-year-old male presents with swelling in the femoral region which is smooth, compressible and pulsatile in nature. History of trauma to leg, two years ago is present. Diagnosis is? =

- a. Femoral hernia
- b. Saphena varix
- c. Congenital Arteriovenous malformation
- d. Arteriovenous fistula

47. Old white man presents with the following lesion that has been growing steadily over the last one year. Regional lymph nodes are not involved. Diagnosis?

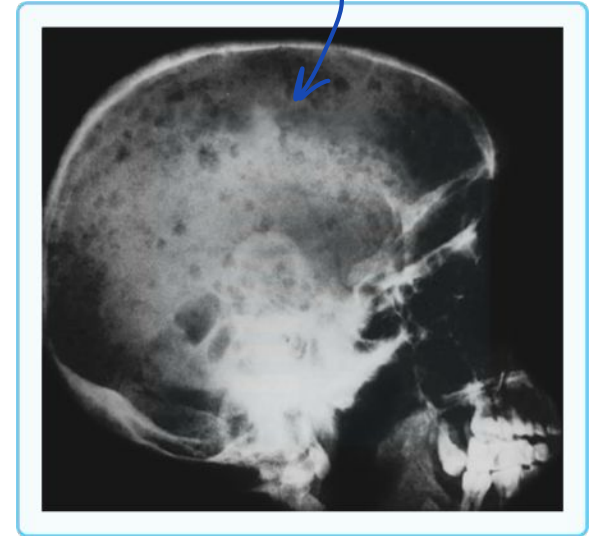
- a. Basal cell cancer
- b. Squamous cell cancer
- c. Pott's puffy tumor
- d. Soft tissue sarcoma



Benign or malignant	Locally invasive carcinoma arising from basal layer of skin
Status	Commonest malignant skin tumour
Site	Commonest on face ( Ohgren line)
Spread	Locally malignant but does not spread to Lymph nodes Beaded margins of the ulcer
RT	Radiosensitive (avoid near the eye or glands)
SOC	

48. A middle- aged lady presents with abdominal groans, psychic moans and recurrent kidney stones. X-ray skull is shown below. Which is correct about the blood work of this patient?

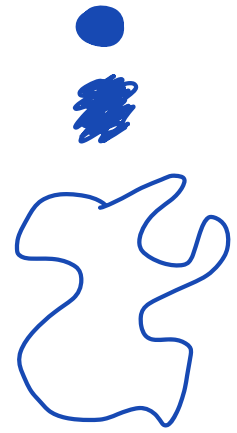
- a. Low phosphate, high calcium with high SAP
- b. Low phosphate with low calcium and high SAP
- c. High phosphate with low calcium and high SAP
- d. High phosphate with high calcium and high SAP



✓  
\* 49. 40-year-old lady presents with breast mass which is non tender with a bosselated appearance. Skin over the breast is stretched, red and shows dilated veins. No axillary lymph nodes are palpable. Diagnosis is?

- a. Breast abscess
- b. Fibroadenoma
- c. Fibrocystic disease of breast
- d. Serocystic disease of breast

PHYLLADES Tumor  
leaf like



50. Primigravida after delivery is having brawny induration over the right breast with tender fluctuant swelling. Body temperature is 39 C. Which is the correct intervention?       

- a. Breast pump for milk evacuation X
- b. Antibiotics with breast pump X
- c. Antibiotics with incision and drainage ✓
- d. Milk suppression with bromocriptine 2.5 mg BD for 2 weeks

51. Which of the following is most aggressive breast cancer?

a. Paget's disease

b. Mastitis carcinomatosa

inflammatory Ce BREAST

c. DCIS

d. LCIS

★ 52. The 30-year-old lady has breast mass in the right upper outer quadrant of breast which measures  $3 \times 4$  cm. It has limited mobility due to adherence to overlying skin and is showing signs of ulceration. What is the staging of tumours? ✓

a. T4 a

b. T4 b

c. T4 c

d. T4 d

\* adherent of Pectoralis  
Ribs

**53. Which of the following is not a component of triple assessment technique for breast mass?**

a. Clinical examination ✓

b. USG imaging ✓

c. Core biopsy ✓

d. Self-breast examination

54. A 60-year-old man presents with low backache, nocturia and urinary hesitancy. MRI spine shows multiple fractures in LS spine. Suspecting a carcinoma prostate which investigation will confirm diagnosis? =

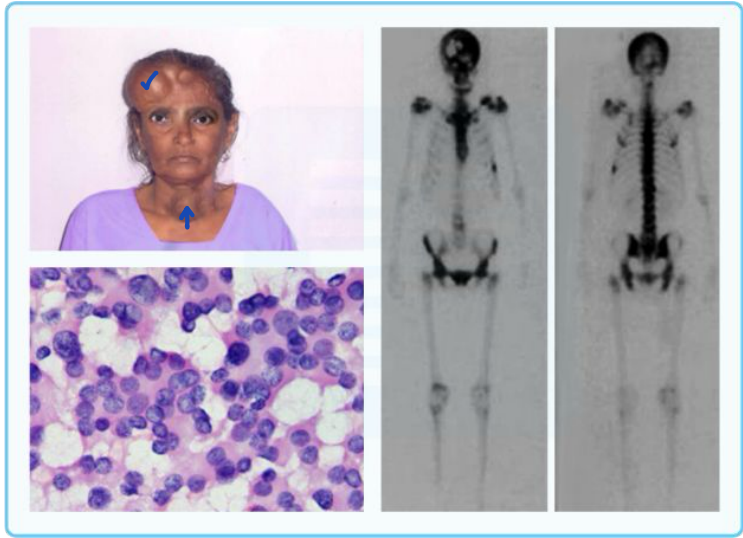
- a. Urodynamic Study
- b. Prostate specific antigen > 4 ng/ml SCREENING
- c. Transrectal ultrasound + Bx
- d. Intravenous urography

55. Investigation of choice for a 60-year-old patient with dysphagia, pneumonia episodes and cachexia?

- a. Barium swallow
- b. Barium meal follow through
- c. Upper GI endoscopy + Bx
- d. Endoscopic ultrasound

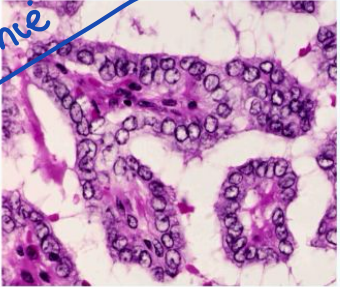
**56. Skeletal pulsatile metastasis is seen in which of the following?**

- a. Multiple Myeloma
- b. Pott's puffy tumor
- c. Follicular cancer thyroid
- d. Paget disease



POTT

osteoarthritis





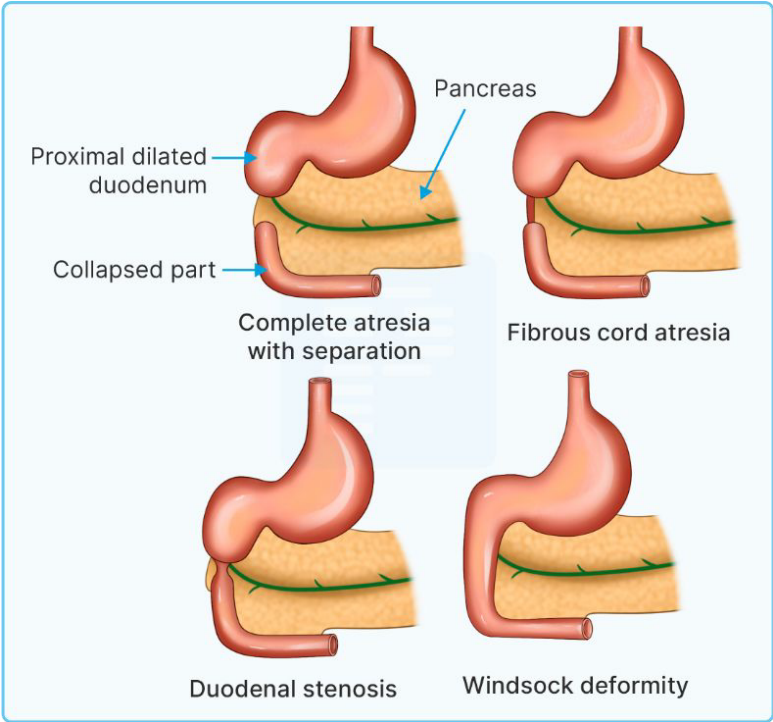
57. Down syndrome child develops non-bilious vomiting with dehydration and hypokalemia on day 2 of life. USG shows a distended stomach and rail-road track duodenum. Diagnosis is?

a. CHPS

b. Duodenal atresia (Pre ampullary)

c. Jejunal atresia

d. Ileal atresia



Cajal

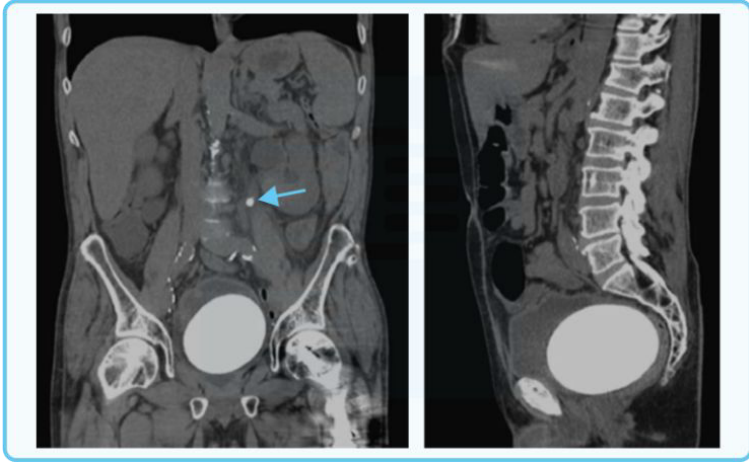
58. True about GIST? non-

- a. Most common epithelial cell tumor of GUT
- b. Most common location is ileum **STOMACH**
- c. Treatment of choice for ~~localized~~ **Mets** tumor is imatinib mesylate
- d. Most common presentation is GI hemorrhage ✓



59. A 25-year-old male comes with complaints of increased urinary frequency with pain at the tip of penis. He noted terminal hematuria and occasional interruption of urinary stream. The NCCT pelvis shows a bladder stone. Intervention to be done is:

- a. Cystolitholapaxy
  - b. ESWL
  - c. Pyelolithotomy
  - d. Ureterosigmoidostomy
- | kidney stone
- ↳ bladder stg IV



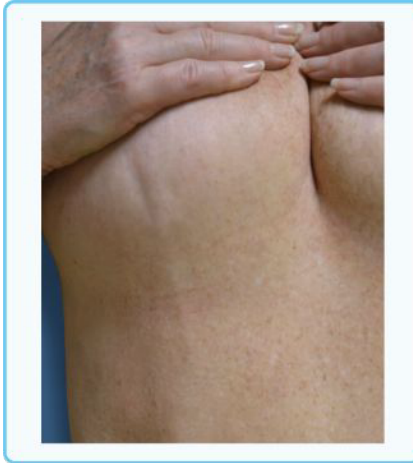
Post menopausal lady with X ray pelvis for low back pain shows

60. A lady was presented with the following lesion in the right arm. She underwent mastectomy 10 years ago. Diagnosis is?

- a. Lymphangiosarcoma
- b. Lymphedema
- c. Cancer en cuirasse
- d. Elephantiasis Chirugens

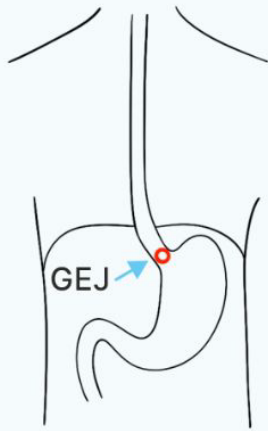


- Lymphangiosarcoma is characterized by skin changes in the form of purple colored raised cutaneous lesions progressing to ulceration in a lymphadenomatous arm within a median of ten years following mastectomy
- **BCRL**: Breast cancer related lymphedema
- **MRM** : modified radical mastectomy

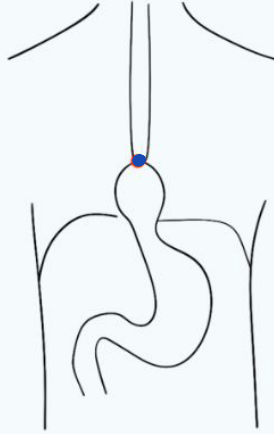


## 61. Cameron ulcer is seen in

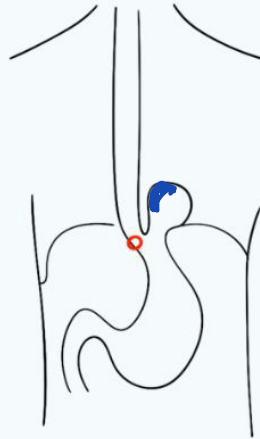
- a. Stomach in Para-esophageal hernia
- b. Stomach in sliding hernia
- c. Stomach in burns *CURLING*
- d. Stomach in raised ICP *CUSHING*



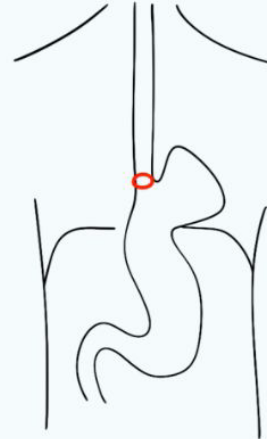
Normal  
esophagus  
and stomach



Hiatal hernia  
type 1  
("sliding")



Hiatal hernia  
type 2  
("rolling")

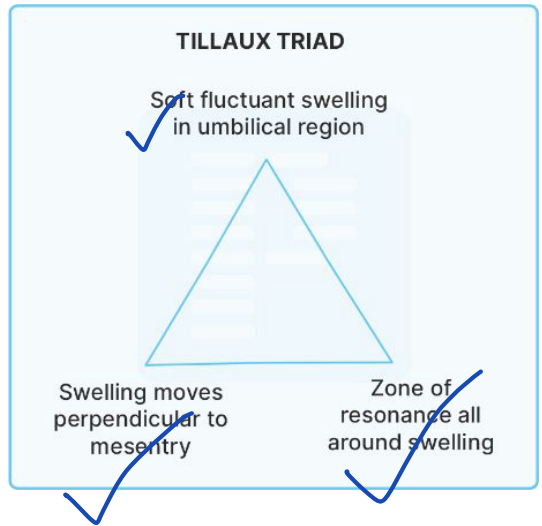
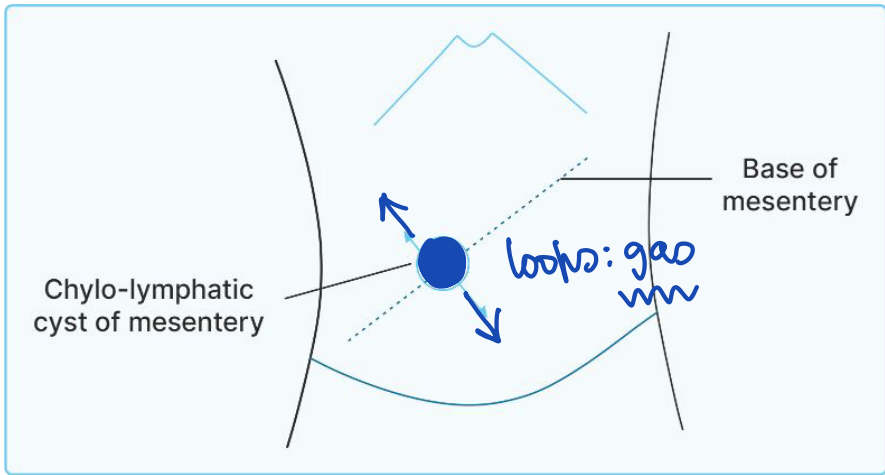


Hiatal hernia  
type 3  
("mixed")

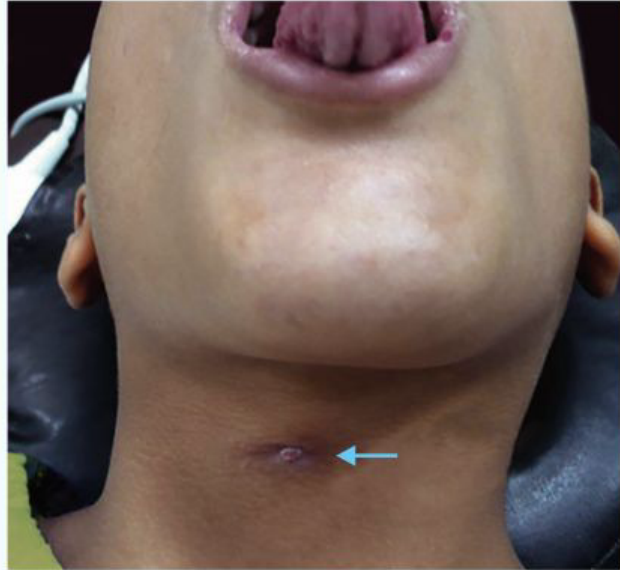
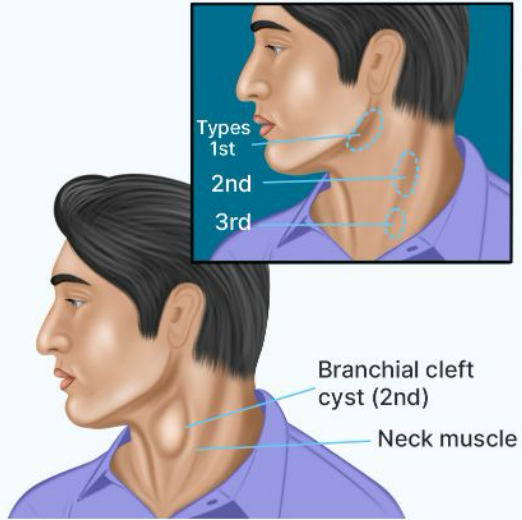
62. A 30-year-old patient presents with a lump in the peri umbilical area present since childhood. The lump is 5 X 8 cm soft, freely mobile in direction perpendicular to mesentery with a zone of resonance around it. Diagnosis is?

- a. Umbilical hernia
- b. Peri umbilical hernia
- c. Mesenteric lymphadenitis
- d. Mesenteric cyst

△ Tilbause Triad



Branchial cleft cyst  
Pharyngeal cleft cyst



\*

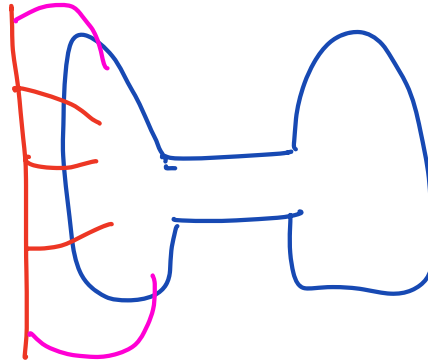
**63. Which is correct about lateral aberrant thyroid?**

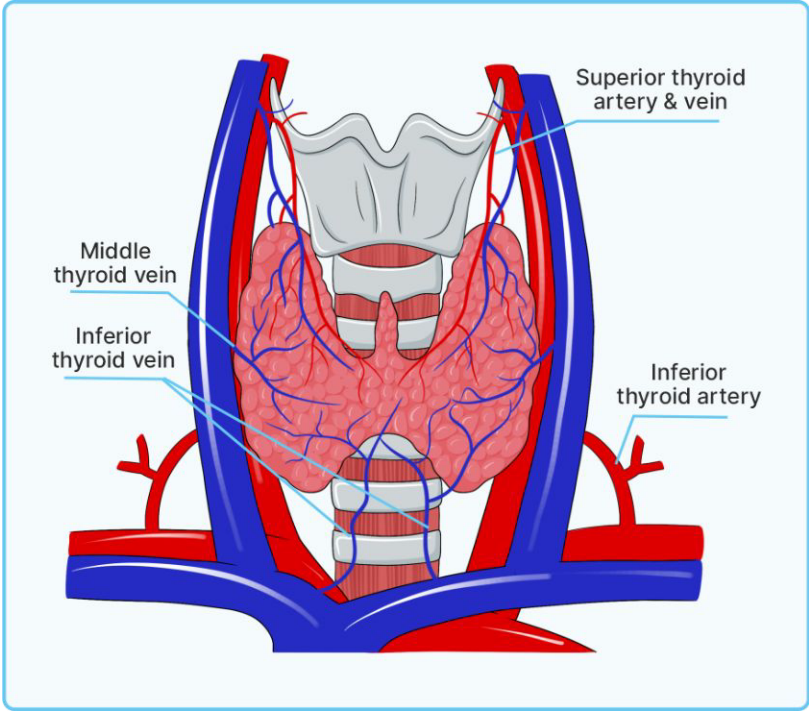
- a. MC location is posterior third of tongue
- b. Stomatolalia *lingual Thyroid : A, B*
- c. MRI neck is the investigation of choice
- d. Seen with papillary carcinoma of thyroid

- Option A and B are seen with Lingual thyroid. Option B would be speech with blocked nose.
- LATS is a misnomer and is a spread from papillary carcinoma of thyroid and causes cervical lymph nodes

✓  
64. Which of the following structures is first to be ligated during thyroidectomy?

- a. Superior thyroid artery
- b. Superior thyroid vein
- c. Middle thyroid vein
- d. Thyroidea ima artery





65. A 24-year-old unmarried lady presents with heat intolerance, weight loss and palpitations. Thyroid is diffusely enlarged and thyroid function test shows elevated  $FT_3$ ,  $FT_4$  and Low TSH levels. She has bilateral proptosis. Which of the following is first line management of this lady?

- a. Radioactive iodine
- b. Total thyroidectomy
- c. Start Levothyroxine for euthyroid status
- d. Propranolol with carbimazole

GRAVE

Patients will be first made euthyroid using Anti thyroid drugs. Check for eye signs. They should be absent. Stop drugs for 5 days and give I-131 orally. Antithyroid drugs are started after 7 days and continued for 8 weeks.

66. The 50-year-old lady presents with fever, malaise and painful thyroiditis. Pain is shifting in areas of thyroid. She has tachycardia with tremulousness. Free T4 and FT3 are elevated with poor radioactive uptake. ESR is 90 mm fall in the 1st hour are detected. Diagnosis is?

- a. Ligneous Thyroiditis
- b. Reidel thyroiditis
- c. Grave disease
- d. De Quervain Thyroiditis

T<sub>4</sub> ↓ T<sub>3</sub> ↓

DEQUERVAIN THYROIDITIS \*



Option A and B is low T4. Hashimoto has a biphasic course and has special antibodies.

Subacute granulomatous thyroiditis is the most common cause of painful thyroid gland. This condition is also known as painful subacute thyroiditis, de Quervain locations in the thyroid). It is a transient inflammation of the thyroid, the clinical course of which is highly variable. Most patients have pain in the region of the thyroid, which is usually diffusely tender, and some have systemic symptoms. Thyrotoxicosis often occurs initially, sometimes followed by transient hypothyroidism. Complete recovery in weeks to months is characteristic. Some patients will clinically note only one phase - thyrotoxic or hypothyroid - while others

## 67. Treatment for stage I breast cancer

- a. Wide local excision
- b. Bilateral mastectomy
- c. Breast conservative surgery, axillary dissection if SLNB+ and RT
- d. Neoadjuvant therapy plus MRM and RT

# Treatment Strategy for Carcinoma Breast



Stage 0 – DCIS	Less than 4 cm -wide local excision: RT to breast; hormone therapy (Tamoxifen 20 mg OD for 5 years). More than 4 cm – total mastectomy with SLNB (if+ve axillary dissection) ; Hormone therapy
Stage 0 – LCIS	Screening mammogram yearly / MRI breast / observation; Tamoxifen or raloxifene ( in premenopausal age) /bilateral mastectomy. LCIS high-risk category to develop invasive carcinoma both invasive ductal or lobular
Stage I and II (early)	Breast conservative surgery (BCS) + RT + if SLNB +ve axillary dissection. If tumour > 1 cm, +ve axillary nodes, high nuclear grade, vascular / lymphatic invasion, ER/Pr -ve with overexpression HER2 Neu, then adjuvant chemotherapy.
Stage III	Neoadjuvant chemotherapy + MRM + RT +CT + Hormone therapy
Stage IV	Hormone therapy (Trastuzumab/ Lapatinib) with chemotherapy using taxanes or capecitabine + palliative mastectomy (Toilet mastectomy if needed when fungation is present)

## **Molecular subtypes of carcinoma breast**

- Basal -like (15-25%): ER -ve, PR-vve and HER2-ve also called triple negative breast cancer (TNBC). Most BRCA1 breast cancers are basal -like TNBC. They are high grade, aggressive with poor prognosis. Common in black and young individuals ; high incidence of lung and brain secondaries.
- Luminal A ( 50%): ER+HER2 -ve and low grade. They are slow growing and occur in postmenopausal women. They respond well to hormone therapy.
- Luminal B (15-20%): ER + PR+ve HER2 +ve (triple positive) but often high grade. They respond to chemotherapy.
- Her2 rich (10%): ER -ve. Poorly differentiated, aggressive with higher incidence of brain secondaries. Treated with chemotherapy and transtuzumab will not cross the blood brain barrier.
- Normal breast like (5%): ER +ve, Her2-ve
- Luminal ER-/AR +ve: recently identified androgen responsive subtype which may respond to antihormonal treatment with bicalutamide.
- ERBB2/HER2+: has amplified HER2/neu.
- Claudin – low : a more recently described class; often triple negative, but distinct in that there is low expression of cell-cell junction proteins including E-cadherin and frequently there is infiltration with lymphocytes.

68. Burst appendicitis is an example of?

a. Primary peritonitis — CIRRHOSIS: SBP

b. Secondary peritonitis

c. Tertiary peritonitis — ANASTOMOSIS LEAK

d. Quaternary peritonitis

- Option A: SBP in Alcoholic and Option C is seen in Post surgery anastomosis leak
- PUD and appendicitis are causes of Option B

PUD

69. A patient on PPI for PUD is non-compliant and presents with severe epigastric pain. Blumberg sign is positive with guarding and rigidity. Dullness in flanks on percussion is found. Which of the following is the best investigation for diagnosis?

- a. X Ray abdomen (supine) *standing: G.U.D*
- b. CT abdomen
- c. USG abdomen
- d. Barium meal follow through

70. Ground glass appearance on X Ray abdomen is a feature of which of the following

- a. Peritonitis
- b. Small bowel obstruction
- c. Large bowel obstruction
- d. Paralytic ileus

dilated bowel loops +

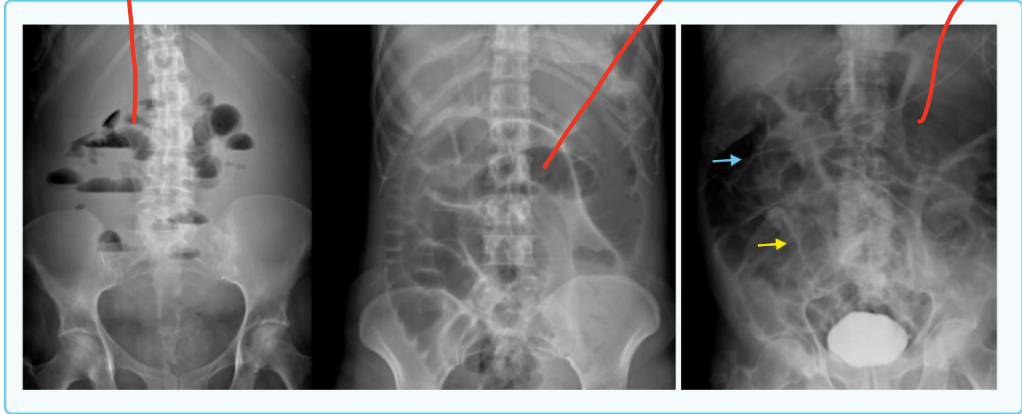


SBO



LBO

ileo



71. Which of the following is the best investigation for diagnosis of Acute mesenteric ischemia?

- a. UGI endoscopy
- b. NCCT abdomen
- c. CECT abdomen
- d. CTA Abdomen

SMA #

A-fib  
Clots

## 72. Which of the following is not correct about Burst abdomen

- a. Occurs between 5<sup>th</sup> to 8<sup>th</sup> post operative day ✓
- b. Vertical incision is more prone for dehiscence ✓
- c. Suturing of peritoneum is most vital for wound strength
- d. Suture length to wound length ratio should be > 4:1 ✓

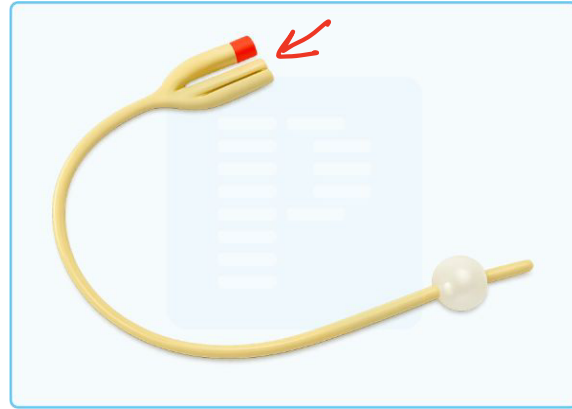
73. A 30-year-old female patient with migraine attack has a violent bout of vomiting leading to blood in vomitus. Which of the following investigations is not required for this case?

- a. Blood grouping ✓
- b. Hematocrit ✓
- c. UGI Endoscopy ✓
- d. Barium meal follow through

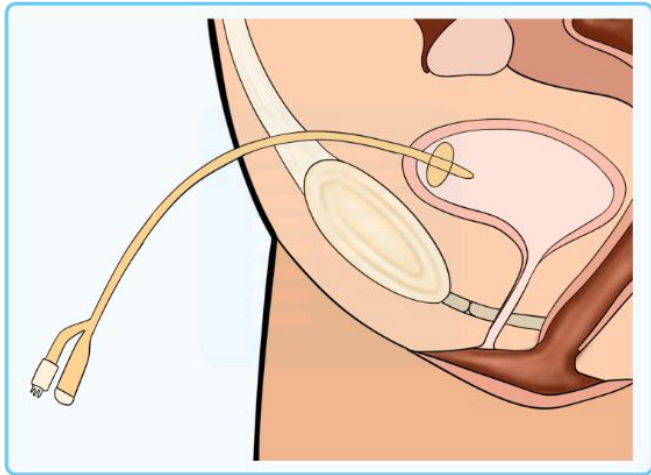
└ HEMATEMESIS  
MAUROY WEISS SYN \*

**74. The following catheter is used for?**

- a. Reduction of intussusception
- b. Supra pubic urine drainage
- c. Bladder irrigation post prostatectomy**
- d. Relieve urine retention in BPH

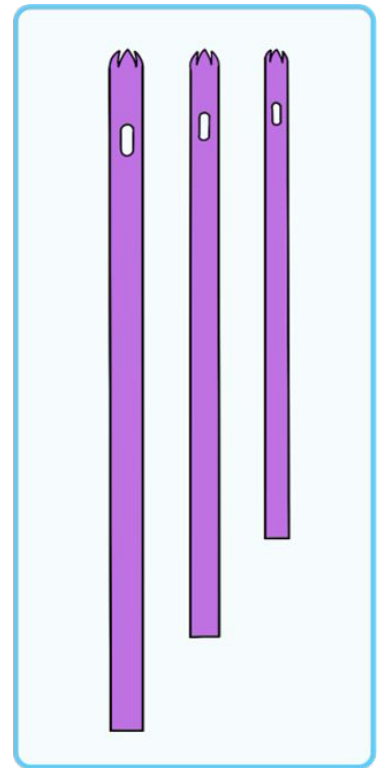


3-way foley catheters are indwelling catheters with three ports - one for urine drainage, one for Foley balloon inflation and a third port for bladder irrigation to prevent or manage blood clots



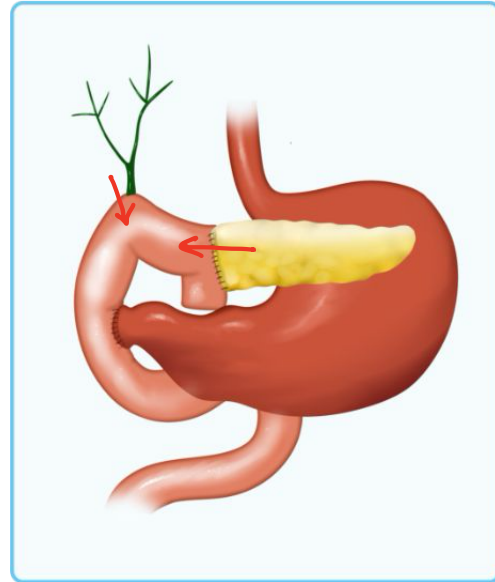
## What is the French scale for catheters?

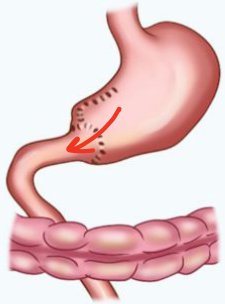
- 1 "French" or "Fr" is equivalent to  $0.33 \text{ mm} = .013" = 1/77"$  in diameter. The size in French units is roughly equal to the circumference of the catheter in millimeters.
- French sizes only apply to intermittent and indwelling catheters. External catheters sizes are measured in millimeters (mm), depending on the diameter of the condom-shaped receptacle.
- The average catheter size used by adult men range from 14fr to 16fr, and most men use 14fr catheters.
- The average catheter size used by adult women range from 10fr to 12fr, and most women use 12fr catheter



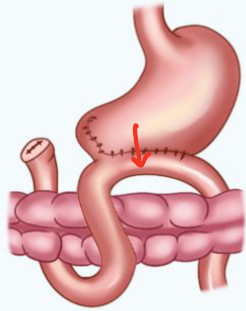
**75. Which procedure is shown here**

- a. Billroth I procedure
- b. Billroth II procedure
- c. Roux en Y cholecystojejunostomy
- d. Whipple procedure**

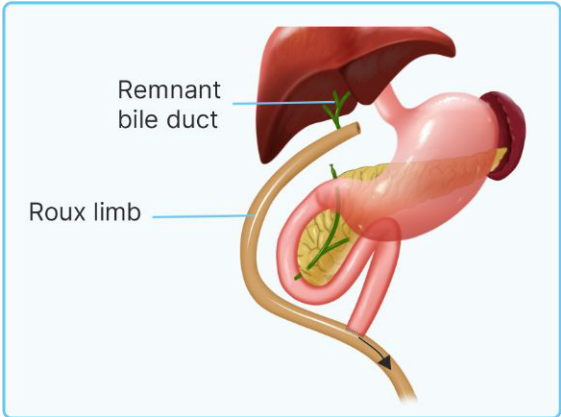
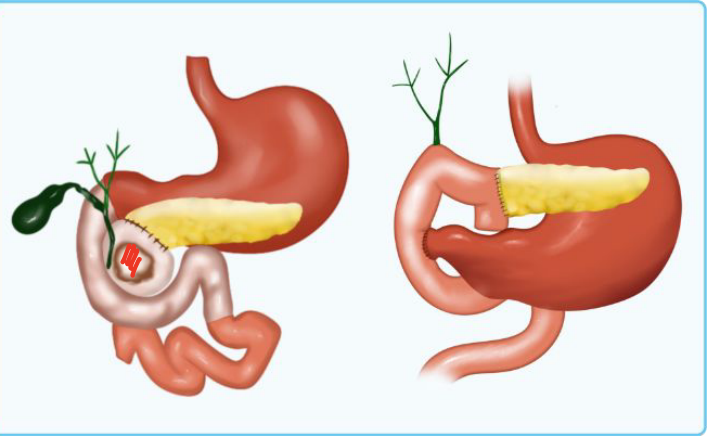




Billroth I



Billroth II



Remnant  
bile duct

Roux limb

76. Transillumination test is positive in this neck swelling in a child. Diagnosis is

- a. Ranula
- b. Cystic hygroma
- c. Epididymal cyst
- d. Potato tumor



**THANK YOU**