



Name: _____
Roll No: _____
Date: _____
Time Allowed: 50 Min.
Total Marks: 50

Instructions:

1. No cutting or overwriting is allowed.
2. Use of mobile phone is strictly prohibited.
3. No extra time will be given.

1. Commonest type of dislocation of the hip is
 - a. Anterior
 - b. Posterior
 - c. Central
 - d. Dislocation with fracture of the shaft
 - e. Superior
2. Regarding compression of nerves, which nerve is associated with weakness of finger abduction?
 - a. Anterior interosseous nerve
 - b. Median nerve
 - c. Ulnar nerve
 - d. Posterior interosseous nerve
 - e. Musculocutaneous nerve
3. The commonest cause of spinal cord injuries in our country is:
 - a. Road traffic accident
 - b. Fall from a height
 - c. Fall into well
 - d. House collapse.
4. Most common site of osteogenic sarcoma ?
 - a. Femur upper end
 - b. Femur lower end
 - c. Tibia upper end
 - d. Tibia lower end
 - e. Radius lower end
5. A 71 year old female presented with sudden onset of back pain. Xray reveals compression fracture of vertebra. Serum alkaline phosphatase, calcium, Phosphorous were normal. What is the most likely cause
 - a. Osteopetrosis
 - b. Osteoporosis
 - c. Osteomalacia
 - d. Rickets
 - e. Hyper parathyroidism
6. Regarding growth plate all are true EXCEPT
 - a. radiolucent on x-ray
 - b. injury may lead to growth problems
 - c. infection may destroy it
 - d. Present usually at one end in a long bone
 - e. Salter Harris is classification of injury
7. What is the most common complication after esophagectomy
 - a. Arrythmia
 - b. Pulmonary Collapse and Consolidation
 - c. Recurrent laryngeal nerve injury
 - d. Massive bleeding
8. Most valuable investigation for preoperative evaluation of extensive corrosive stricture is
 - a. Endoscopic ultrasound

- b. Barium study
c. CT Thorax
d. DPharyngoscopy
9. what is the most common cause of esophageal perforation
a. Boerhaave syndrome
b. Foreign body
c. Instrumental
d. bullet injury
10. A 38 years woman presented with difficulty in swallowing for more than 3 years. On Barium study showing contrast hold up in esophagus with absent gastric bubble and normal endoscopic findings
a. Achlasia
b. Diffuse spasm of esophagus
c. Globus hystericus
d. Pseudoachlasia
11. A 4 years boy presented to emergency department after an accidental ingestion of lye. He has stridor hoarseness. He was immediately intubated and resuscitated in ICU. Next appropriate step in management
a. Esophagoscopy
b. Barium study
c. CT chest
d. Exploratory Laparotomy
12. A 55 years male was diagnosed as hiatus hernia and surgical correction was planned. following is the most appropriate surgical technique
c. Laparoscopic fundoplication
a. Esophagectomy
b. Proximal gastrectomy
d. Billroth II
13. Management of congenital hypertrophic pyloric stenosis is mainly
c. Surgical
a. Conservative
b. Medical
d. Wait and see
14. A 42-year-old woman attends the emergency department with severe epigastric pain after eating fish and chips. The pain resolves after 2h. Her temperature is 37.2°C. She has no abdominal tenderness and all blood investigations are within the normal range. Which is the single most likely diagnosis?
a. Biliary colic
b. Cholangitis
c. Acute Cholecystitis
d. Pancreatitis
e. Perforated gallbladder
15. A 48-year-old man has been vomiting fresh blood with clots for 3h. He drinks 40 units of alcohol per week. A gastroscopy is performed within 12h and reveals evidence of bleeding from oesophageal varices. Which is the single most likely cause of his varices
d. Portal hypertension
a. Alcoholic gastritis
b. Budd-Chiari syndrome (hepatic vein thrombosis)
c. Pancreatitis
16. A 47-year-old woman has 12h of progressive onset epigastric and upper abdominal pain and rigors with temperatures up to 39.2°C. Her pulse is 102bpm, blood pressure is 110/70mmHg, and there is mild jaundice present. Which is the single most likely diagnosis?
a. Ascending cholangitis
b. Biliary colic
c. Acute Cholecystitis
d. Empyema of the gallbladder
17. A 76 year old man has had 4 months of 5kg weight loss and anorexia with 10 days of developing painless jaundice. What is the most likely diagnosis?
a. Adenocarcinoma of pancreas

- b. Cholangiocarcinoma
- c. Gastrinoma
- d. Hepatocellular carcinoma

18. A 30 year old female comes with Hypovolemic Shock after blunt trauma of the abdomen. An emergency USG of abdomen shows splenic tear. Which of the following is to be done

- a. CT scan of the abdomen
- b. Diagnostic lavage of peritoneal cavity before proceeding
- c. Monitor patient to assess for progression
- d. Immediate surgery
- e. Chest X-ray

19. Small intestinal Lymphomas

- a. most often Hodgkin Lymphomas
- b. commonly seen with immunodeficiency syndrome
- c. mostly presents as primary disease in small bowel
- d. commonly affected part is duodenum
- e. mainstay of treatment is surgery

20. Pathognomonic perioperative finding for Crohn's disease

- a. extensive stricture formation
- b. multiple interloop abscess formation
- c. multiple enterocutaneous fistulas
- d. terminal ileitis
- e. extensive mesenteric fat wrapping

21. A 49 yrs old male diagnosed with colonic CA. His colonoscopy revealed another lesion in another part of colon. It is mentioned synchronous tumour., what does it indicate

- a. Only 1 tumour at presentation
- b. more than 1 primary neoplasia in the same patient at the same time
- c. tumour appearing after 1 month of resection of primary neoplasm
- d. tumour appearing after 1 yr of resection of primary neoplasm

22. A 69yr old female having bleeding PR , diagnosed colorectal CA. what is the investigation of choice for loco-regional assessment of rectal cancer?

- a. CT Scan Abdomen and Pelvis
- b. Endoanal USG
- c. MRI Pelvis
- d. PET Scan

23. An old male of 70 yrs having severe pain in Lt Flank of abdomen with constipation. He is Diagnosed ischemic colitis, what is the most common site of ischaemic colitis?

- a. Hepatic flexure
- b. Sigmoid colon
- c. Splenic flexure
- d. Ileocolic junction

24. A 40 yr old male developed pain abdomen absolute constipation with abdominal distention. X-ray abdomen revealed transverse colon diameter > 7 cm, he is suspected to have colitis. what are the indications for emergency surgery in colitis.

- a. toxic megacolon
- b. perforated Rt colon
- c. Perforated Lt colon
- d. Perforated Rectum

25. Crohn's disease can be anywhere mouth to anus but it commonly affects the?

- a. Rectum
- b. Mouth
- c. Colon
- d. Perianal area

26. A 35 years old male has inguino-scrotal painless swelling for the last 10 years. Now he complains of pain abdomen and vomiting. On exam, overlying skin is normal and no tenderness. Whats type of hernia

- a. Occult
- b. Reducible

- c. Irreducible
- d. Obstructed
- e. Strangulated

27. Indirect Inguinal Hernia

- a. Passes medial to inferior epigastric vessels
- b. Protrude through hesselbach's triangle
- c. Is less commonly obstructed than direct hernia
- d. Is usually a defect in anterior abdominal wall
- e. Is usually a defect in posterior abdominal wall

28. A groin swelling with a positive cough impulse on examination

- a) Is not necessarily a hernia
- b) Is necessarily inguinal hernia
- c) Is confirmatory for femoral hernia
- d) Is confirmatory for lipoma
- e) Is confirmatory for saphna varix

29. Femoral hernia characteristic in location

- a. Above and medial to pubic tubercle
- b. Above and lateral to pubic tubercle
- c. Below and Medial to pubic tubercle
- d. Below and lateral to pubic tubercle

30. Inlay Mesh placement is

- a. Between fascial layers
- b. Intrapertoneal
- c. Immediate Extraperitoneal
- d. Subcutaneous planes
- e. Within the defect

31. A 31 year man presented in OPD with right flank pain and haematuria for last 3 months. He has right renal complete Staghorn calculi with minimal PCS dilatation. What is the best treatment option

- a. Nephrectomy
- b. Open Nephrolithotomy
- c. Pyelolithotomy
- d. Percutaneous nephrolithotomy PCNL
- e. ESWL

32. A 29 years female presented in OPD with right flank pain for 3 months. On ultrasound there is 1cm stone in renal pelvis with mild hydronephrosis. Her creatinine is 0.9. what is next appropriate investigation to reach the diagnosis.

- a) Urine Analysis
- b) uric Acid
- c) IVU
- d) X ray KUB
- e) spot urinary protein

33. A 11 years boy landed in ER with severe left sided scrotal pain for two hours. You are suspecting him as a case of testicular torsion. What is the 1st step in management of suspected testicular torsion

- a) Exploration
- b) Wait and watch for six hours
- c) Manual correction
- d) Doppler Ultrasound

34. Wilms tumor is common in which age group

- a) 1-5 years
- b) 6-7 years
- c) 10-15 years
- d) 20-30 years

35. Following has two time increase risk for invasive breast cancer

- a) Apocrine metaplasia
- b) Atypical hyperplasia
- c) Duct ectasia

- Papillary hyperplasia
- †** Breast indicator in prognosis of breast cancer in addition to tumor size and grade
- Age of the patients
 - Hormonal tumor markers
 - Number of diseased Axillary lymph nodes
 - Positive family history
37. In the management of cleft palate alone
- One operation is advisable for hard palate at 6 months
 - Primary Soft and hard palate surgery is completed in 12 months
 - Primary Hard palate surgery is advisable at 12 months
 - Soft palate repair surgery is advisable in 6 months time
38. On facial bones Xrays of a patient who is victim of Road Traffic Accident showed fracture involving of running through the bridge of nose and ethnoids with cribriform plate also fractured. Fracture continuing to pterygoid plates
- Le Fort I
 - Le Fort II
 - Le Fort III
 - Combination of Le Fort II & III
39. Most frequent site of fracture of mandible from an indirect blow transmission
- Angle of mandible
 - Neck of Condyles
 - Site of unerupted teeth (Wisdom Tooth)
 - Symphysis and parasymphysis of lower jaw
40. A 40 year male patient had subtotal thyroidectomy and shifted to postoperative room. He developed severe breathlessness and facial edema. He is hypotensive, irritable and oxygen saturation is 87% with 2 L O₂ supplement. He has increasing swelling at the site of surgery. What is the most likely cause
- Hypovolemic shock
 - Tracheomalacia
 - Recurrent laryngeal nerve injury
 - Laryngeal edema
41. A 18 years Female patient presents in OPD clinic with Thyroid swelling and hyperthyroidism sametime. Most likely diagnosis
- Diffuse Toxic goiter
 - Hyperthyroidism due to other rare cause
 - Toxic Nodular Goitre
 - Toxic Adenoma
42. Following procedure has the confirmed diagnostic role in the management of thyroid cancer
- Frozen section at lobectomy
 - Fine needle aspiration cytology
 - Incision and biopsy
 - Lobectomy
43. Hurthle cell tumor is variant of
- Anaplastic
 - Follicular
 - Medullary
 - Papillary
44. A 35 years old female, case of pleomorphic adenoma of left parotid gland. Surgery of choice is
- Total parotidectomy
 - Enucleation
 - Hemisuperficialparotidectomy
 - Superficial patrotidectomy
 - Wedge excision
45. Emergency tracheostomy is indicated in following condition
- During thyroidectomy for CA
 - Facial trauma with normal O₂ saturatuion
 - Inhalational injuries in a drowsy patient with audible wheeze

- d. All Neck injuries
e. Recurrent laryngeal nerve neuropraxia
46. Meckel's diverticulum may present with which of the following signs or symptoms?
a. Hemorrhage and perforation
b. Intestinal obstruction
c. Absolute constipation
d. Pain radiating to back
47. The most common cause of pyogenic liver abscess in children today is which of the following
a. Perforated appendicitis
b. Blunt liver injury
c. Immunocompromised host
d. Percutaneous liver biopsy
e. Omphalitis
48. Which is the most likely cause of hemodynamically significant lower gastrointestinal bleeding in a 6 month old male child
a. diverticulum
b. Henoch-Schonlein purpura
c. Crohn's colitis
d. Hemolytic uremic syndrome
49. A 13-a female of 32 years, came with renal colic. she s having bp 130 /83. complete blood examination showed normal ranges except hypercalcaemia. the reason of hypercalcemia is more likely due to-----
a. malignancy
b. hyperparathyroidism
c. hyper-vitaminosis-d
d. immobilisation
50. 40 years old male presented with 3 cm palpable right thyroid nodule that is confirmed as papillary carcinoma on fnac. whts most appropriate management
a. Radioiodine ablation
b. Thyroxin 200 microgram
c. Right lobectomy
d. Total thyroidectomy