

1. What is normal cerebral blood flow ?

- a) 10ml/100gm/min
- b) 25ml/100gm/min
- c) 55ml/100gm/min**
- d) 100ml/100gm/min
- e) equal to GFR

2. Cerebral auto regulation maintains normal cerebral blood flow in what range of mean arterial blood pressures ?

- a) 50-150mm Hg**
- b) 10-50mmHg
- c) 80- 200mmHg
- d) 25-50mmHg
- e) 90mmHg

3. Cerebral perfusion pressure is defined as

- a) systolic blood pressure minus diastolic blood pressure.
- b) systolic minus venous pressure.
- c) mean arterial blood pressure minus venous pressure.
- d) mean arterial blood pressure minus intracranial pressure.**
- e) diastolic B.P minus oncotic pressure

4. compensatory mechanism to maintain ICP in face of mass occupying lesion include

- a) Reduction in venous blood volume.**
- b) increase in CSF production
- c) sunsetting eyes.
- d) increase in CSF volume
- e). Kernohans effect

5. which of the following statements regarding Glasgow coma scale.

- a) the minimum score is 0

b) a GCS of 12 means patient is in coma.

c) eye opening on command is GCS 2.

d) a GCS 8 or less means patient is in coma.

e) maximum score with ETT is 15

6. which of the following clinical signs is evidence of basal skull fracture.

a) hemotympanum

b) Black eye.

c) Parietal hematoma.

d) Bleeding from mouth.

e) nystagmus

7. which of the following is correct regarding extradural hematoma.

a) it is not necessarily caused by skull fracture.

b) it commonly occurs in the occipital region.

c) Treatment is Burrhole.

d) There is often a lucid interval.

e) only conservative treatment

8. which of the following statements regarding subdural hematoma is correct

a) it is collection of blood between pia and arachnoid mater.

b) it is caused by laceration of brain.

c) it is due to laceration of middle meningeal artery.

d) its biconvex on CT scan.

e) prognosis is good

9. which of the the following is correct regarding third nerve palsy?

a) it causes dilated and reactive pupil.

b) it causes fixed and dilated pupil.

c) it usually occurs on the opposite side to the hematoma.

d) its never bilateral

e) injury is in occipital lobe

10. Reason for low sodium after severe head injury is

a) **the syndrome of inappropriate ADH secretion.**

b) diabetes insipidus.

c) diabetes mellitus.s

d) fluid overload

e).kidney excrete more Na in urines

Q11- Metabolic response to injury is characterized by

a- Hyper-metabolism

b- **Increase in lean body mass**

c- Anorexia

d- Immobility

e- cachexia

Q12- All are avoidable factors that compound the response to injury

a- Continuing bleeding

b- Hypothermia

c- starvation

d- age

e- immobilization

Q13- The modern surgical practice is based on

a- natural homeostasis by body

b- perioperative care

c- **Better understanding of metabolic response to injury**

d- all of above

e- no one

Q14- All can exacerbate the metabolic response to injury

a- hypotension

b- prolonged NPO

c- anaesthesia

d- early mobilization

e- infection

Q15- The metabolic response to trauma is

a- **Graded response**

b- Transient response

c- Always help in survival

- d- Not related to severity of injury
- e- may increase patient immunity

Q16- Shock can be defined as

- a- Hypotension
- b- **Hypoperfusion of tissues**
- c- Coma
- d- All of the above
- e- No one

Q17- Clinical types of shock

- a- 5
- b- 6
- c- 2
- d- Many
- e- 4

Q18 -The most common type of shock

- a- **Hypovolemic**
- b- Cardiogenic
- c- Septic
- d- Obstructive
- e- endocrine

Q19- The common effect in all types of shock

- a- Low cardiac output
- b- High vascular resistance
- c- low mixed venous oxygen saturation
- d- **high base deficit**
- e- hypovolemia

Q20- A 20 year old student was brought to E/R after motorbike accident in a prolonged state of shock,after resuscitation,his vitals are normal but patient died after few hours, the most possible cause of death

- a- **Ischemic-reperfusion syndrome**
- b- Irreversible shock
- c- Cardiopulmonary arrest
- d- Acute renal failure
- e- MODS

Q21- The patient is in shock when there is at least loss of blood volume

- a- **15%**
- b- 15-30%
- c- >40%
- d- One unit of donation

e- 5%

Q22-After maintaining airway, breathing of shocked patient,the first line therapy is

- a- **i/v fluids**
- b- vasopressor
- c- antibiotics
- d- treat the cause
- e- heparin

Q23- The minimum monitoring for patients in shock

- a- **Pulse oximetry**
- b- Central venous pressure
- c- Invasive blood pressure
- d- Cardiac output
- e- GCS

Q24- The vasopressor of choice in septic shock

- a- **Norepinephrine**
- b- Dopamine
- c- Dobutamine
- d- Activated protein C
- e- Hydrocortisone 500mg

Q25-The best monitor of adequacy of shock therapy

- a- Level of consciousness
- b- Normal B.P/ECG
- c- Urine output
- d- **Base deficit/Lactate**
- e- CVP monitoring

Q26-Ruptured aortic aneurysm,the haemorrhage is

- a- **Concealed**
- b- Revealed
- c- Reactionary
- d- Secondary
- e- primary

Q27- The post haemorrhoidectomy, patient is bleeding on 7th day

- a- Reactionary haemorrhage
- b- **Secondary haemorrhage**
- c- Surgical haemorrhage
- d- Bleeding disorder
- e- Slip of suture

Q28- All are causes of secondary haemorrhage

- a- Clot dislodgement
- b- Increase B.P
- c- Slippage of ligature
- d- Infection**
- e- thrombocytopenia

Q29-All are indications of blood transfusion except

- a- Acute massive blood loss
- b- Perioperative anaemia for adequate oxygen delivery
- c- Symptomatic chronic anaemia without haemorrhage/impending surgery
- d- Asymptomatic chronic anaemia, Hb <7gm/dl without major surgery**
- e- Severe burn

Q30-All are pre-requisites for emergency blood transfusion

- a- Confirm patient grouping, cross-matching labeling
- b- Informed consent**
- c- Universal donor group O without cross-match can be transfused
- d- Quality of blood eg expiry date, hep B,C,etc
- e- Blood warmer

Q31-All are the most common sites of bed sores except

- a- Ischium
- b- Greater trochanter
- c- Sacrum
- d- Occiput**
- e- heel

Q32-A young girl is operated for acute appendicitis, the operation is

- a- Clean
- b- Clean-contaminated**
- c- Contaminated
- d- Dirty
- e- septic

Q33- In clean-contaminated operation, infection rate is

- a- 1-2%
- b- < 10%**
- c- 15-20%
- d- <40%
- e- common

Q34-Which one is not a component of SIRS

- a- Hyperthermia > 38C

- b- Tachycardia >90/min
- c- W.B.C count > 12(10)⁹/L
- d- **Wound infection**
- e- tachypnea

Q35-After appendectomy, patient has high grade fever,tachycardia and pelvic collection on USG, will be called as

- a- SIRS
- b- **Sepsis**
- c- Septicemia
- d- Septic shock
- e- Post operative complication

Q36-Prophylactic antibiotics,the best time to give is

- a- Peroperative
- b- Postoperative
- c- **I/V at the time of induction of anaesthesia**
- d- Mid-night
- e- >5 days

Q37-Regarding control of surgical site infection which one is best

- a- Aseptic surgical techniques
- b- Postoperative and prophylactic use of antibiotics
- c- Delayed primary, or secondary closure remains useful in contaminated wounds
- d- **All of above**
- e- A and b

Q38-The Synergistic gangrene,the most important causative agent

- a- Clostridium perfringens
- b- Clostridium tetani
- c- Pseudomonas
- d- **Polymicrobial including coliforms,staphylococci,anaerobic streptococci,bacteriodes etc**
- e- MRSA

Q39-Suppurative wound infection develops after surgery

- a- **7-10 days**
- b- 3-4 days
- c- After decisive period
- d- Related to duration of operation
- e- When peroperative blood loss is minimal

Q40-The treatment of necrotising fasciitis

- a- Broad spectrum antibiotics
- b- **Immediate exploration of wound and extensive debridement**

- c- Circulatory support
- d- Abc**
- e- Skin grafting

Q41-Preoperative skin shaving should be done to prevent SSI

- a- immediately before surgery in OR**
- b- night before
- c- not useful ,most surgeons donot recommend it
- d- antiseptic bath usually with chlorhexidine is must for all patients
- e- avoided

Q42-The most common organism involved in hospital acquired infection

- a- Pseudomonas aeruginosa
- b- Shigella
- c- Staph aureus**
- d- Atypical mycobacterium
- e- E-coli

Q43- The rate of SSI can be significantly reduced by

- a- Avoid perioperative hypothermia
- b- supplemental oxygen during recovery
- c- a and b**
- d- no one of above
- e- by control of blood loss

Q44- The antibiotic which is not effective for pseudomonas aeruginosa

- a- Augmentin**
- b- Azlocilin
- c- Ceftazidime
- d- Gentamicin
- e- quinolone

Q45-Which one is not minimal access surgery

- a- Laparoscopy
- b- Thoracoscopy
- c- Arthroscopy
- d- Robotic surgery
- e- No one

Q46-Preoperative plan that results in bad patient outcomes

- a- Gather and record all relevant informations
- b- Optimize the patient medical condition
- c- Informed consent
- d- Emergency surgery without supervision**

e- Prophylactic antibiotic for one day

Q47-The following drugs are stopped before elective surgery

- a- Oral contraceptive pills
- b- Aspirin
- c- **Steroids**
- d- Oral hypoglycemic agents
- e- LMWH

Q48- The patients who need thromboprophylaxis in the perioperative period

- a- **Age < 30years**
- b- BMI > 30kg/m²
- c- Pregnancy
- d- Family history of DVT
- e- Pelvic surgery

Q49-Radiotherapy is best to damage cancer cells

- a- Hypoxic cancer cells
- b- **Well oxygenated cancer cells**
- c- By fractional doses of radiation
- d- By radiosensitivity of cancer cells
- e- Adequate full dose

Q50- The anti-cancer therapy given before surgery

- a- Adjuvant therapy
- b- **Neo-adjuvant therapy**
- c- Palliative therapy
- d- Curative therapy
- e- prophylactic

Q51-WHO surgical safety checklist, which one is not its part

- a- Sign in
- b- Time out
- c- Sign out
- d- **Risk out**
- e- All of above

Q52- Routine preoperative investigations for excision of sebaceous cyst

- a- CBC
- b- UREA and CREATININE
- c- X-RAY chest
- d- **Urine analysis**
- e- all of above

Q53- 65 year old patient came for surgery of ingrowing toe nail, which investigation is more helpful

- a- CBC
- b- ECG
- c- Blood sugar
- d- **Doppler study**
- e- X-ray foot

Q54- 40years old woman is admitted for laparoscopic cholecystectomy, she has 4 children by c-section without perioperative complications, which investigation is least helpful.

- a- CBC
- b- LFTs
- c- X- ray chest
- d- **Bleeding disorder**
- e- Viral markers

Q55- 18 years old healthy boy is admitted for inguinal hernia repair, which investigation is mandatory

- a- CBC, UREA/CREATINE
- b- X-ray chest
- c- ECG
- d- **Blood sugar random/Fasting**
- e- Bleeding disorder

Q56 - 30 year old patient is admitted in emergency with generalized peritonitis in a critical state, your next step will be

- a- Complete all investigations first
- b- **Optimization and shift to OR is priority**
- c- Need only informed consent
- d- NPO of 6 hours is must
- e- Treat the underlying cause

Q57- 27 year old woman is admitted with acute appendicitis, all are relevant investigations except

- a- **LFTs**
- b- USG
- c- Pregnancy test
- d- CBC
- e- laparoscopy

Q58- All are high risk factors for perioperative mortality

- a- Recent MI
- b- Emergency surgery
- c- Morbid obesity
- d- **Age >60 year**
- e- Uncontrolled DM

Q59- On first postoperative day after appendectomy, patient has fever

- a- Check wound for infection

- b- Check for chest infection
- c- Send blood for malaria and typhoid
- d- **Stress response**
- e- DVT

Q60- 40 years old patient is admitted in general surgical ward with excessive vomiting, Lab shows hypokalemia, hyponatremia, pH=7.58 and acidic urine, which shows severity of fluid and electrolyte disorder

- a- Hypokalemia
- b- Hyponatremia
- c- pH=7.58
- d- **acidic urine**
- e- a and c

Q61- After laparoscopic cholecystectomy, 2nd day patient has mild puffiness of face and no other complaint. Lab shows Na=125meq/L, other lab values are normal, what is your next step

- a- **observe and restrict I/V fluid**
- b- Give I/V hypertonic saline
- c- Repeat serum electrolytes
- d- ABGs for acid- base disturbance
- e- Inj frusemide

Q62- After modified radical mastectomy, on 2nd post op-day, patient is in acute confusion and no other complaint, what is in your mind?

- a- Septic shock
- b- Brain metastasis
- c- **Fluid and electrolytes disorder**
- d- Chest infection
- e- DVT

Q63- The post- operative vomiting, which is false

- a- May be due to severe pain
- b- **Best treated by NG in all abdominal operation,**
- c- Anti-emetics may help
- d- May be due to drugs
- e- Always psychogenic

Q64- A diabetic patient complain of leg pain at night and relieved by sitting esp when feet are hanged down

- a- Claudication
- b- **Rest pain due to severe ischemia**
- c- Diabetic neuropathy

- d- Sciatica
- e- Disc prolapse

Q65- A diabetic patient complain of severs pain in buttocks while exercising , he is married for 3years but no children due to severe impotency,the most likely diagnosis

- a- Diabetic neuropathy
- b- **Leriche syndrome**
- c- External iliac arteries stenosis
- d- Psychological
- e- Klinefelter syndrome

Q66- A 20 year old girl has large swelling on Left shoulder,firm,non-tender and mobile, visible scar of previous surgery,according to her mother,this started after BCG vaccination in childhood and 8month before was removed by surgeon, on work up no distant metastasis found,the most likely diagnosis

- a- lipoma
- b- **keloid**
- c- cold abscess
- d- Marjolin tumour
- e- sarcoma

Q67- Which of following is an indication of surgery in varicose veins in our country

- a- **Skin changes like ulcer,lipodermaosclerosis**
- b- Itching
- c- Cosmesis
- d- DVT
- e- Bleeding

Q68- A young female patient presents with small punched out,painful ulcers over the dorsum of her foot,likely diagnosis

- a- Venous ulcer
- b- **SLE**
- c- Tuberculous ulcer
- d- Raynaud"s phenomenon
- e- Atherosclerosis

Q69- 5 days after cholecystectomy, an asymptomatic patient has serum Na=125mEq/L,your appropriate plan

- a- Use normal saline
- b- **Restriction of free water**
- c- Dialysis
- d- Observation
- e- Check for acid-base disorder

Q70- one week after appendectomy,a young girl c/o fever102F, B.P100/70,pulse110/min and respiratory rate26/min. USG shows pelvic abscess,she is in metabolic state

- a- SIRS
- b- Sepsis**
- c- Septic shock
- d- MODS
- e- All of above

Q71-A patient with abnormal coagulation studies requires urgent cholecystectomy. A transfusion of FFP is planned. What is optimal time for this transfusion?

- a- Day before surgery
- b- Night before surgery
- c- On call to surgery**
- d- Intraoperative
- e- postoperative

Q72- An acutely injured patient becomes hypotensive shortly after induction which one is responsible

- a- N2O
- b- Morphine**
- c- Succinylcholine
- d- Atracurium
- e- ketamine

Q73- All initiate afferent impulses to CNS which then triggers neuroendocrine response

- a- Alkalosis**
- b- Hypothermia
- c- Pain
- d- Bleeding
- e- All of above

Q74- An unconscious patient with systolic B.P=80mmHg and pulse 74, most likely has

- a- Cardiogenic shock
- b- Hemorrhagic shock
- c- Neurogenic shock**
- d- Septic shock
- e- Anaphylactic shock

Q75- Most common indication for intubation in a trauma patient

- a- Altered mental status**
- b- Neck injury
- c- Facial injury
- d- Confusion
- e- GCS 12

Q76- Massive hemothorax is

- a- 500ml blood
- b- >1000ml blood**

- c- **blood1500ml**
- d- 500 ml in both pleural cavities
- e- 100ml blood/hour for 5hrs

Q77- One feature which differentiate keloid from malignant growth

- a- Recurrence
- b- Excessive growth into normal skin
- c- Increased angiogenesis
- d- **Metastasis**
- e- Hard consistency

Q78-Chronic scar can change into

- a- Martorell's ulcer
- b- **Marjolin ulcer**
- c- Meleney ulcer
- d- Malignant melanoma
- e- contracture

Q79-The ideal solution to clean the wound is

- a- **Saline**
- b- Povidone
- c- Hydrogen peroxide
- d- Eusol
- e- Alcohol

Q80- which hormone level does not rise during injury

- a- ACTH
- b- Adrenaline
- c- Glucagon
- d- **Thyroxine**
- e- cortisol

Q81-Albumin level decreases during stress response because of

- a- **Decreased production**
- b- Decreased intake due to anorexia
- c- Liver failure
- d- Increased capillary permeability
- e- Increased use in wound healing

Q82- The ideal treatment of carbuncle is

- a- Drainage
- b- Incision and drainage
- c- **Excision**
- d- Aspiration
- e- Pus culture and antibiotics accordingly

Q83- Following are true for carbuncle except

- a- Nape of neck is the commonest site
- b- Cribriform appearance is diagnostic
- c- **Abscesses are not communicating with each other**
- d- Staphylococcus is the commonest organism
- e- Excision is ideal treatment

Q85-Treatment of cold abscess is

- a- Excision
- b- Incision and drainage
- c- Marsupialization
- d- **Nondependent aspiration**
- e- Treat underlying cause only

Q86-Following facts are false in gas gangrene except

- a- **It is caused by Clostridium welchii**
- b- It is caused by Clostridium perfringens
- c- It is caused by beta hemolytic streptococci
- d- Brownish fluid has foul odour
- e- High mortality

Q87- Following are true for terminal pulp space infection except

- a- It is called felon
- b- May cause digital artery thrombosis
- c- **Not so painful**
- d- Treated by volar longitudinal incision
- e- May lead to osteomyelitis

Q88-Pyogenic granuloma is due to

- a- Bacterial infection
- b- Viral infection
- c- Fungal infection
- d- **Trauma**
- e- Treated by AgNO₃

Q89- Following are the principles of treatment of hand infections except

- a- Hand elevation
- b- Early splinting
- c- Tetanus prophylaxis in high risk patient

- d- **Pencillins are the drug of choice**
- e- Surgery if indicated

Q90-HIV associated lymphoma can be following except

- a- B cell lymphoma
- b- Diffuse large cell
- c- Burkitt"lymphoma
- d- **Hodgkin"lymphoma**
- e- All of above

Q91-Characteristic feature of critical limb ischemia is one

- a- Intermittent claudication
- b- Ankle pressure is less than 70 mm of Hg
- c- **Toe systolic pressure is less than 30 mm of Hg**
- d- Absent pulses
- e- Gangrene of limb

Q92- Following are true for subclavian artery except

- a- Cervical rib can compress the artery
- b- **It gives internal mammary artery**
- c- Adson"s test is used to check subclavian artery compression by cervical rib
- d- Post-stenotic dilatation called venturi effect
- e- Subclavian steal syndrome

Q93- About Cervical rib

- a- It is of 4-types
- b- **Type 4 is easily seen in X ray neck**
- c- It is excessive development of transverse process of 7th cervical vertebra
- d- Common in young patient
- e- Mostly symptomatic

Q94- Dry gangrene, all are true except

- a- Slow occlusion of the arteries
- b- Line of demarcation is present
- c- Dry, shrivelled and mummified
- d- **Emergency amputation to prevent sepsis**
- e- painful

Q95-Trendelenburg test is done to find out

- a- Sapheno-popliteal incompetency
- b- **Sapheno- femoral incompetency**
- c- Deep vein thrombosis
- d- Site of perforators
- e- Venous claudication

Q96 – Following are true for venous perforators except

- a- Communicate superficial and deep veins
- b- Mostly present in the legs
- c- **They do not have valves**
- d- SEPS is the endoscopic surgery done on perforators
- e- Recurrence

Q97- The most common complications of varicose veins except

- a- Venous ulcer
- b- Bleeding
- c- Lipodermaosclerosis
- d- **DVT**
- e- pigmentation

Q98-Characteristic feature of basal cell carcinoma is

- a- Keratin pearls
- b- Orphan Annie nucleoli
- c- Skip lesions
- d- **Excellent prognosis**
- e- Distant metastasis

Q99-About melanoma, all are true except

- a- Malignant tumour of melanocytes
- b- More common in white skinned people
- c- May occur after renal transplantation
- d- **Melanoma 3mm thickness has good prognosis**
- e- Melanoma may occur in mucosal surface

Q100- Malignant melanoma, all are true except

- a- Painless ulcer
- b- Edges are irregular
- c- Induration is absent
- d- **Always pigmented as black**
- e- radiosensitive

Q102- Regarding diagnosis of malignant melanoma

- a- Mostly diagnosis is clinical
- b- Alpha fetoproteins are raised
- c- **Excision biopsy**
- d- Sentinel lymph node biopsy
- e- LDH is markedly raised

Q103-An albinism patient was admitted in surgical ward with melanoma on sole of foot about 0.76mm in thickness, according to Breslow staging, it is

- a- Stage 1
- b- **Stage 2**

- c- Stage 3
- d- Stage 4
- e- Early stage in situ

Q104- Breslow stage 2 melanoma needs wide excision with resection margin as

- a- 1cm
- b- **2cm**
- c- 3cm
- d- 5cm
- e- 10 cm

Q105- Following factors contribute to burn shock except

- a- Increased capillary permeability
- b- **Increased plasma oncotic pressure**
- c- Increased capillary hydrostatic pressure
- d- Depressed myocardial function
- e- Fluid loss

Q106- Tangential excision of burn refers to

- a- Excision and leaving the wound open immediately after admission
- b- Excision within 6 hours and primary closure
- c- **Excision after 2-3 days and skin grafting**
- d- Excision after 10 days
- e- Gradual excision by natural process

Q107- Following are true for split skin graft except

- a- It is partial thickness graft
- b- It is called Thiersch graft
- c- Humby's knife is often used
- d- **Cosmetically superior to full thickness graft**
- e- Take up is better than full thickness

Q108- A malignant tumour was removed by surgery and histopathological report was R0. what does it mean?

- a- **Resection margins are clear**
- b- Resection margins are not clear
- c- Macroscopic residual tumour
- d- Need fresh frozen facility
- e- Need re-do surgery

Q109- Following are radiosensitive tumours except

- a- Oral cancer
- b- Seminoma
- c- Carcinoma breast

- d- **Malignant chordoma**
- e- Anal carcinoma

Q110- which one of the following is commonly associated with paraneoplastic syndrome?

- a- Carcinoma stomach
- b- Carcinoma colon
- c- Carcinoma pancreas
- d- **Carcinoma lung**
- e- Follicular carcinoma thyroid

Q111- polycythemia as paraneoplastic syndrome is seen in

- a- Hepatoma
- b- Wilms tumour
- c- Apudoma
- d- **Hypernephroma**
- e- Ca breast

Q112-Which one is more commonly associated with paraneoplastic syndrome?

- a- Hypernatraemia
- b- Hyponatraemia
- c- **Hypercalcaemia**
- d- Hypocalcaemia
- e- hypokalemia

Q113- All are transluminant swellings in the body

- a- Cystic hygroma
- b- Ranula
- c- Vaginal hydrocele
- d- **Thyroglossal cyst**
- e- spermatocele

Q114-Which one of the following swelling does not contain cholesterol crystals?

- a- Branchial cyst
- b- **Sebaceous cyst**
- c- Dental cyst
- d- Hydrocele
- e- No one of above

Q115- Components of Horner's syndrome are all except

- a- Miosis
- b- Ptosis
- c- Anhidrosis
- d- **Exophthalmos**
- e- No one of above

QNO116- Cyanosis is a serious sign of critical diseases of heart and lungs mainly, it occur if reduced Hb

- a) 5gm % or more
- b) 0.5gm%
- c) 50%
- d) 1gm%
- e) 2%