

DEPARTMENT OF SURGERY
Class for MBBS final year
Upper GI & Liver, 2018

Time Allowed

Marks (30)

- Q1. In the most common form of oesophageal atresia
- The upper pouch opens into trachea
 - The lower pouch opens into trachea
 - Both upper and lower pouches open into trachea
 - Both upper and lower pouches have blind endings
 - All of the above have almost equal incidence
- Q2. Most common site for heterotopic tissue of oesophagus is
- Cervical oesophagus
 - Thoracic below aortic arch
 - Thoracic above aortic arch
 - Abdominal oesophagus
 - All of the above have almost equal incidence of this complication
- Q3. True statement regarding hiatus hernia
- Defect in pleuropericardial membrane
 - Most common congenital diaphragmatic hernia
 - Vast majority are mixed hernias
 - Plain radiography is not helpful for diagnosis
 - All of the above
- Q4. All help in preventing gastro oesophageal reflux except
- Angle formed between the stomach and oesophagus
 - Mucosal folds at GE junction
 - Circular fibers at lower end of oesophagus
 - Right crus of diaphragm
 - Intra-abdominal length of oesophagus
- Q5. The aim of preventing reflux oesophagitis by repairing hiatus hernia is achieved by
- Bringing the stomach inferior to diaphragm
 - Reconstitution of the angle of hill
 - Repair of defect in diaphragm
 - Some anti reflux procedure
 - All of the above
- Q6. True statement regarding Barrett's oesophagus is
- Metaplasia with intestinal columnar cells
 - Metaplasia with gastric fundus cells
 - Carcinoma in situ formation
 - Increased incidence of Squamous cell carcinoma
 - None of the above

Q20. Factors which favor the conservative management of toxic perforation of stomach are

- a) Retained foreign body
- b) Absence of surgical emphysema
- c) Septic shock
- d) Large septic load
- e) Luminal obstruction by benign pathology

Q21. The physical evidence of incurability in carcinoma of the stomach includes all of the following except

- a) Hematogenous spread
- b) Involvement of distant peritoneum
- c) Involvement of another organ
- d) Fixation to structures that can't be removed
- e) N4 nodal or beyond N4 disease

Q22. Long term complications of gastrectomy include

- a) Wound infection
- b) Hemorrhage
- c) Leakage from the anastomotic site
- d) B12 deficiency
- e) Burst abdomen

Q23. Absolute indication for surgery in Duodenal ulcer is

- a. H.Pylori infection.
- b. Symptomatic disease.
- c. Bleeding & perforation
- d. Suspicion of malignancy
- e. Failure of medical treatment

Q24. "Apple core" lesion on Barium swallow is diagnostic feature of

- a. Corrosive stricture
- b. Achalasia cardia
- c. Congenital stricture
- d. Oesophageal atresia
- e. Carcinoma oesophagus

Q25. In peritonitis due to perforated peptic ulcer, which one is most appropriate investigation

- a. Barium meal
- b. Barium follow through
- c. X ray abdomen in supine
- d. Erect chest x ray
- e. USG