

- Q1 What is Tillaux sign in mesenteric cyst?
- (A) Mass is mobile only in plane perpendicular to mesentry
 - (B) Mass is brilliantly transilluminating
 - (C) C. Mass felt in the peri umblical region
 - (D) Fluctuation positive

Ans : (A) Mass is mobile only in plane perpendicular to mesentry

❖ Tillaux Triad: Clinical triad seen in Mesenteric cyst

1. Solitary, Unilocular, Soft swelling in central abdomen
2. Mobile- only Perpendicular to line of attachment of SI mesentry (Tillaux sign)
3. Overlying Band of Resonance

Q1 A 25 year female patient presents with progressive dysphagia to sol barium swallow was done. What are the investigations needed to conl diagnosis?

- (A) Endoscopy + 24 hr pH monitoring
- (B) Endoscopy + Esophageal manometry
- (C) Endoscopy+ CT chest
- (D) Endoscopy biopsy

Ans : (B) Endoscopy + Esophageal manometry



The given clinical scenario and the image confirms Achalasia cardia. The barium swallow image given shows Bird Beak/ Rat tail/ Pencil tip appearance. IOC for Achalasia is Manometry. Other supportive investigations are Barium swallow and Endoscopy.

24 hr pH monitoring is IOC for GERD

Q2 A 35 year old male patient of peptic ulcer disease came with pain abdomen of 2days duration and obstipation for 2days, X -ray erect abdomen was done what is the next line of management of this patient

- a) USG abdomen
 - b) IV Auids
 - c) Exploratory laparopomy
 - d) Keep the patient in observation
- (A) b and c
(B) b and d
(C) a and b
(D) b, a and c



Ans (A) B and C

- ❖ The given image shows Cupola sign: free air under the domes of diaphragm. This is characteristic of a hollow viscus perforation leading to pneumoperitoneum.
- ❖ Treatment for perforation: Initial- Quick hemo-dynamic resuscitation (IV fluids) followed by immediate Exploratory Laparotomy

Q3 Most common retroperitoneal tumor?

- (A) Rhabomyosarcoma
- (B) Liposarcoma
- (C) Leomyosarcoma
- (D) Neuroblastoma

Ans. (B) Liposarcoma.

- ❖ Liposarcoma is the most common primary retroperitoneal tumor.

Q4 A 40 year male a known case of varicose vein, on examination eczema and lipo dermatosclerosis was found. It comes under of CEAP classification system

- (A) C1
- (B) C2
- (C) C3
- (D) C4

Ans. (D) C4

Varicose veins: CEAP Classification

- ❖ C: Clinical

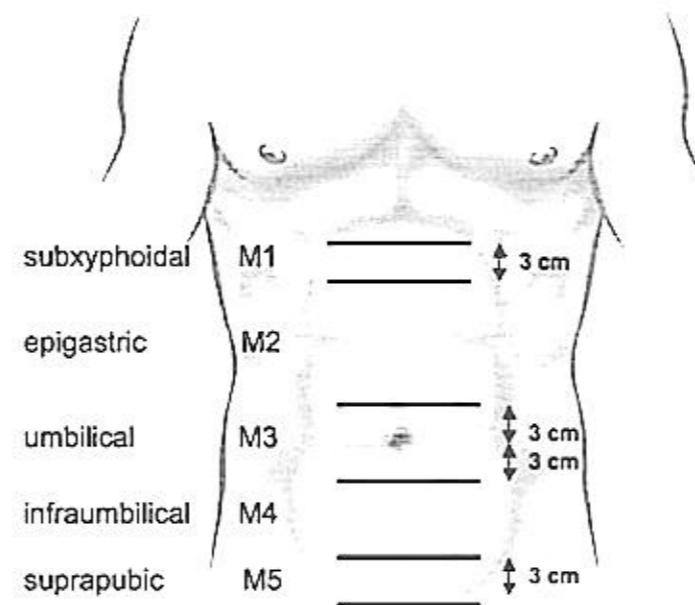
- ❖ E: Etiological
- ❖ A: Anatomical
- ❖ P: Pathological

Clinical

- C0 – No visible or palpable signs of venous disease
- C1 – Telangiectases or reticular veins
- C2 – Varicose veins
- C3 – Edema
- C4a – Pigmentation or eczema
- C4b – Lipodermatosclerosis
- C5 – Healed venous ulcer
- C6 – Active venous ulcer

Q5 As per European Hernia Society Classification. Incisional hernia at level of Umbilicus is given the term

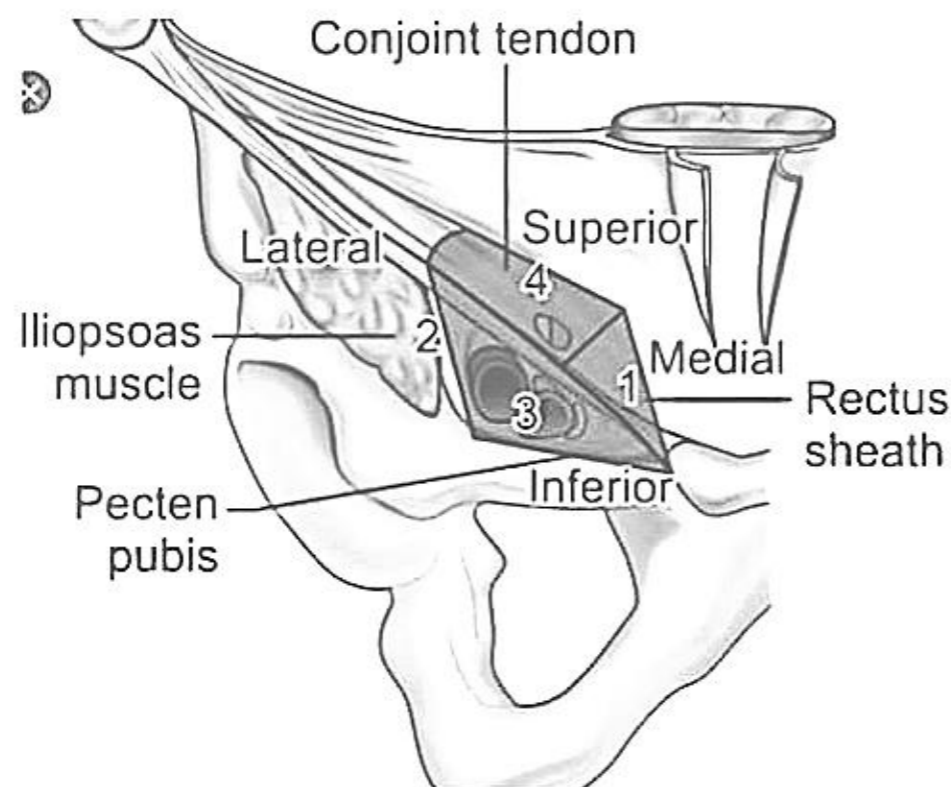
- (A) M1
- (B) M2
- (C) M3
- (D) M4



Q6 Regarding the Boundaries of laparoscopic anatomy of Inguinal hernia—false Statement is ?

- (A) Medial boundary of Triangle of Doom is Vas deferens
- (B) Lateral boundary of Triangle of pain is Iliopubic tract
- (C) Myopectineal orifice is bounded by Internal oblique and Transversus abdominis Superiorly
- (D) Myopectineal orifice bounded by iliopubic tract inferiorly

Ans. (D) Myopectineal orifice bounded by iliopubic tract inferiorly



Myopectineal orifice of Fruchad

- ❖ Medial- Rectus sheath
- ❖ Lateral- Iliopsoas
- ❖ Superior- Conjoint Tendon
- ❖ Inferior. Pecten Pubis

Q7 60 years old male patient presented with severe abdominal pain— On Examination his BP is 90/60 mmHg, PR— 112/minute, 11/o multiple vomiting episodes. Pulse is irregularly irregular. On examination his abdomen is soft Bowel sounds are absent. Your diagnosis?

- (A) Peptic ulcer perforation
- (B) Acute mesenteric ischemia
- (C) Severe acute pancreatitis
- (D) Ruptured aortic aneurysm

Ans. B. Acute mesenteric Ischemia

Clues in the question

Old patient with irregularly irregular pulse: hint towards pre-existing cardiac illness, Atrial Fibrillation which is a major cause for embolization.

Acute abdomen with shock: may be seen in all four given options

Abdominal Examination: soft n silent- seen only in Acute Mesenteric ischemia (symptoms are out of proportion to clinical signs)

So the given clinical scenario fits best with Acute Mesenteric ischemia

Q8 Post-cholecystectomy syndrome. Suspected bile leak after two days of Lap cholecystectomy. Most sensitive investigation for detecting bile leak?

HIDA will be the most sensitive. However, it is poor in delineating anatomy and therefore has to be followed by a CT.

The investigation of choice will be NCCT for post cholecystectomy bile leak.

Q9 Tension pneumothorax first management

First management for all cases in casualty will be Primary survey → Secondary survey → Definitive treatment

Primary survey

Scene safety → Responsiveness → Call for help → Cervical spine stabilization → Airway → Breathing [INSERTION OF WIDE BORE NEEDLE NECESSARY TO MAINTAIN BREATHING] → Circulation → Disability

Q10 eFAST is used to assess abdominal cavity. In addition it also assesses - thoracic cavity / pelvic cavity

Regular FAST detects blood in right perihepatic and paracolic gutter + perisplenic and left paracolic gutter + Pericardial space + Pelvis

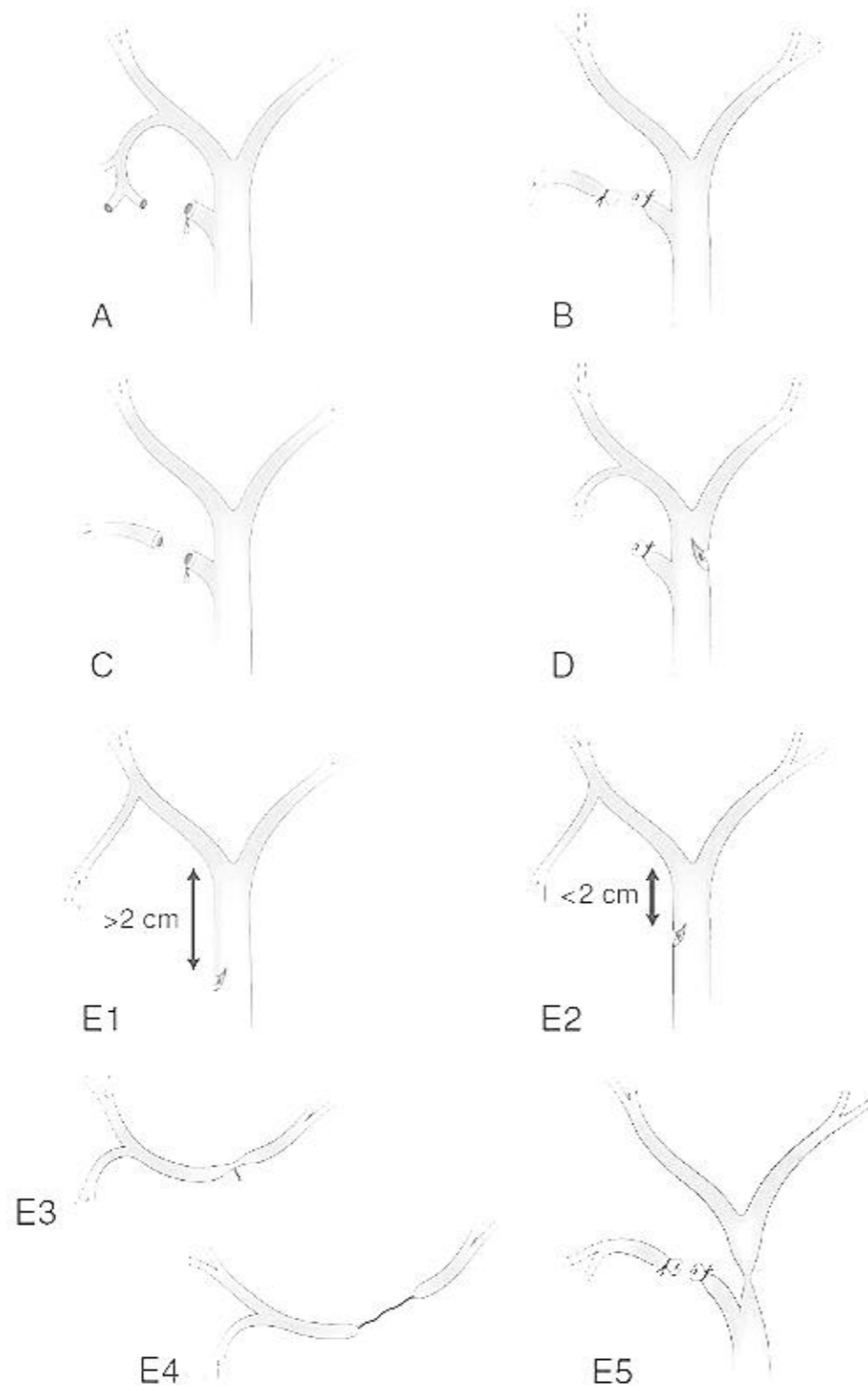
Minimum blood detected is 100 ml

E- FAST includes costophrenic angles for hemothorax

Q11 Strassberg Classification with bile leak from the aberrant right hepatic duct - which type: A / B / C / D

Strassburg classification :

Ans: (C)



Q12 CHPS - congenital hypertrophic pyloric stenosis - not seen is bilious

Congenital Hypertrophic Pyloric Stenosis

- ❖ Presents after 2 - 3 weeks of birth
- ❖ Presents with non-bilious vomiting
- ❖ Good appetite initially
- ❖ Ramstedt' s surgery

Q13 8 year old child. Voids normally. Persistent dribbling of urine: ectopic ureter / Grade 4 VUR / congenital megaureter / ureterocele

classical question from the topic of Ectopic ureter

- ❖ In female child ectopic ureter opens below the sphincter and thereby the child is incontinent

❖ Classical presentation is True incontinence with Normal Voiding

Q14 Young male RTA - poor GCS - intubated - NCCT normal - no cervical injury / fracture: Likely diagnosis - Brain edema: Diffuse axonal injury / PRES / post-concussion syndrome

This is the typical presentation of DAI (Diffuse Axonal Injury) in which patient has normal NCCT (50 - 80%) but clinical showing severe signs of head injury. MRI has better diagnosis.

Q15 Which of the following is the first step in management of tension pneumothorax?
(A) Wide-bore needle insertion
(B) Chest tube insertion
(C) Observation with serial X rays
(D) Emergency thoracotomy

Ans: (A) Wide-bore needle insertion

Tension pneumothorax is a life threatening condition in which there is accumulation of air in the pleural space under positive pressure compressing lungs and compromising cardiopulmonary functions.

Treatment of tension pneumothorax includes:

Immediate decompression via needle thoracocentesis (done by the insertion of a large caliber needle into second intercostal space in midclavicular line).

Definitive treatment is the insertion of a chest tube into the fifth intercostal space just anterior to the midaxillary line.

Q16 In addition to FAST , e FAST is used to assess which of the following organ?
(A) Heart and pericardium
(B) Lungs and pleura
(C) Spleen
(D) Liver

Ans: (B) Lungs and pleura

e FAST is Extended Focussed Assessment with Sonography for Trauma with additional evaluation of thoracic cavity and anterior chest wall to allow early detection of a hydrothorax or pneumothorax.

FAST is performed immediately after the primary survey of the ATLS protocol. Ultrasound is the ideal initial imaging modality as it provides vital information without any time delay . Ultrasound is not very sensitive for

identifying all bleeding but it is nearly perfect for recognizing intraperitoneal bleeding in hypotensive patients who need an emergent laparotomy and for diagnosing cardiac injuries from penetrating trauma. USG is equivalent to CXR in diagnosing hemothorax and pneumothorax.

Q17 A 18-year-old girl with swelling on left side of the neck slowly progressive non tender with freckle like spots on face & trunk. Which of the following is most likely diagnosis?

- (A) Cystic hygroma
- (B) Neural tumor
- (C) Lipoma
- (D) Neurofibromatosis

Ans: (D) Neurofibromatosis

Neurofibromatosis type 1 (NF1) is a genetic disorder that can affect multiple systems of the body. Tumors can be seen anywhere in the nervous system including the brain, spinal cord and nerves.

It is characterized by the presence of: Skin changes, such as café-au-lait spots (light brown patches on the skin), and freckles in the armpits (Crowe sign) or groin area.

In this slow growing tumors are formed on nerve tissues.

Q18 A 50 year old female presented with rapid unilateral enlargement of breast within 30 days with edema & raised temperature. Which of the following is the most likely diagnosis?

- (A) Inflammatory carcinoma
- (B) Atypical hypertrophy
- (C) Fibroadenoma
- (D) Galactocele

Ans: (A) Inflammatory carcinoma

Inflammatory breast cancer is a rare and very aggressive disease in which cancer cells block lymph vessels in the skin of the breast. This type of breast cancer is called inflammatory because the breast often looks swollen and red, or inflamed. Usually associated with poor prognosis.

Inflammatory breast cancer progresses rapidly, often in a matter of weeks or months. At diagnosis, inflammatory breast cancer is either stage III or IV disease,

depending on whether cancer cells have spread only to nearby lymph nodes or to other tissues as well.

Most types are invasive ductal carcinomas.

Q19 A 8 year old female child presents with persistent dribbling of urine. Which of the following is most likely diagnosis?

- (A) Ectopic ureter
- (B) Grade 4 vur
- (C) Congenital megaureter
- (D) Ureterocele

Ans: (A) Ectopic ureter

In ectopic ureter the ureter terminates at an anatomical site different than that of urinary bladder, occurs due to abnormal caudal migration of the ureteral bud. It is usually associated with duplicated renal collecting system with two ureters. In males the ectopic ureter is always above the external urinary sphincter. Therefore, males with an ectopic ureter do not have urinary incontinence, but typically present secondary to a prenatal diagnosis of hydroureteronephrosis or symptomatic urinary tract infection (UTI).

In females ectopic ureter can present with urinary incontinence as it opens in anterior urethra or vagina and can also present with UTI and vaginal discharge.

Q20 A 55 year old female presents with a breast lump of size 3x3cm with ipsilateral Axillary lymph nodes. Next step in management is?

- (A) B/L mammogram
- (B) FNAC
- (C) Trucut biopsy
- (D) PET scan

Ans: (A) B/L mammogram

Triple assessment is done in every case of breast lump which includes :

1. Clinical Evaluation
2. Imaging
3. Histological assessment

Clinical evaluation includes: History (present, past and family) and physical Examination (breast and Axilla).

Initially pt should undergo a b/l mammography followed by usg guided tru cut biopsy and then management is done according to the stage of the disease.

Q21 A 30 year old female presents with lethargy and weight gain and TFT suggest High TSH and low T4. The most likely diagnosis is?

- (A) Hashimoto' s thyroiditis
- (B) Papillary carcinoma
- (C) Grave' disease
- (D) Sub acute thyroiditis

Ans: (A) Hashimoto' s thyroiditis

Hashimoto' s thyroiditis is the MC cause of goitre and hypothyroidism in the developed countries.

It is an autoimmune disease.

Pt usually presents with hypothyroidism and Anti TPO antibodies are seen in majority of the patients.

Symptoms include weight loss, lethargy, dry skin, painless goiter.

Thyroid lymphoma can occur in long standing cases.

Treatment includes levothyroxine in case of hypothyroidism.



