

MPA-25

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प्रश्न-पुस्तिका संख्या व बारकोड /
Question Booklet No. & Barcode

इस प्रश्न-पुस्तिका को तब तक न खोलें जब तक
कहा न जाए। Do not open this Question
Booklet until you are asked to do so.

पुस्तिका में पृष्ठों की संख्या : 24
Number of Pages in Booklet : 24
पुस्तिका में प्रश्नों की संख्या : 150
No. of Questions in Booklet : 150



Paper Code : 76

Sub : Surgical Gastroenterology

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त*

Exam Date 01/7/2025

अधिकतम अंक : 150

Time : 02:30 Hours + 10 Minutes Extra*

Maximum Marks : 150

प्रश्न-पुस्तिका के पेपर की सील/पोलिथीन बैग को खोलने पर प्रश्न-पत्र हल करने से पूर्व परीक्षार्थी यह सुनिश्चित कर लें कि :

- प्रश्न-पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड संख्या समान हैं।
- प्रश्न-पुस्तिका एवं ओ.एम.आर. उत्तर-पत्रक के सभी पृष्ठ व सभी प्रश्न सही मुद्रित हैं। समस्त प्रश्न, जैसा कि ऊपर वर्णित है, उपलब्ध हैं तथा कोई भी पृष्ठ कम नहीं है / मुद्रण त्रुटि नहीं है। किसी भी प्रकार की विसंगति या दोषपूर्ण होने पर परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। यह सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी। परीक्षा प्रारम्भ होने के 5 मिनट पश्चात् ऐसे किसी दावे/आपत्ति पर कोई विचार नहीं किया जायेगा।

On opening the paper seal/polythene bag of the Question Booklet before attempting the question paper, the candidate should ensure that :
• Question Booklet Number and Barcode Number of OMR Answer Sheet are same.

- All pages & Questions of Question Booklet and OMR Answer Sheet are properly printed. All questions as mentioned above are available and no page is missing/misprinted.

If there is any discrepancy/defect, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this. No claim/objection in this regard will be entertained after five minutes of start of examination.

परीक्षार्थियों के लिए निर्देश

1. प्रत्येक प्रश्न के लिये एक विकल्प भरना अनिवार्य है।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का मात्र एक ही उत्तर दीजिए। एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
4. OMR उत्तर-पत्रक इस प्रश्न-पुस्तिका के अन्दर रखा है। जब आपको प्रश्न-पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल पॉइंट पेन से विवरण भरें।
5. कृपया अपना रोल नम्बर ओ.एम.आर. उत्तर-पत्रक पर सावधानीपूर्वक सही भरें। गलत रोल नम्बर भरने पर परीक्षार्थी स्वयं उत्तरदायी होगा।
6. ओ.एम.आर. उत्तर-पत्रक में करेक्शन पेन/व्हाइटनर/सफेदा का उपयोग निषिद्ध है।
7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है।
8. प्रत्येक प्रश्न के पाँच विकल्प दिये गये हैं, जिन्हें क्रमशः 1, 2, 3, 4, 5 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले (बबल) को उत्तर-पत्रक पर नीले बॉल पॉइंट पेन से गहरा करना है।
9. यदि आप प्रश्न का उत्तर नहीं देना चाहते हैं तो उत्तर-पत्रक में पाँचवें (5) विकल्प को गहरा करें। यदि पाँच में से कोई भी गोला गहरा नहीं किया जाता है, तो ऐसे प्रश्न के लिये प्रश्न अंक का 1/3 भाग काटा जायेगा।
- 10.* प्रश्न-पत्र हल करने के उपरांत अभ्यर्थी अनिवार्य रूप से ओ.एम.आर. उत्तर-पत्रक जाँच लें कि समस्त प्रश्नों के लिये एक विकल्प (गोला) भर दिया गया है। इसके लिये ही निर्धारित समय से 10 मिनट का अतिरिक्त समय दिया गया है।
11. यदि अभ्यर्थी 10% से अधिक प्रश्नों में पाँच विकल्पों में से कोई भी विकल्प अंकित नहीं करता है तो उसको अयोग्य माना जायेगा।
12. मोबाइल फोन अथवा अन्य किसी इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित है। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए राजस्थान सार्वजनिक परीक्षा (भर्ती में अनुचित साधनों की रोकथाम अध्यापन) अधिनियम, 2022 तथा अन्य प्रभावी कानून एवं आयोग के नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही आयोग ऐसे अभ्यर्थी को भविष्य में होने वाली आयोग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

1. It is mandatory to fill one option for each question.
2. All questions carry equal marks.
3. Only one answer is to be given for each question. If more than one answers are marked, it would be treated as wrong answer.
4. The OMR Answer Sheet is inside this Question Booklet. When you are directed to open the Question Booklet, take out the Answer Sheet and fill in the particulars carefully with Blue Ball Point Pen only.
5. Please correctly fill your Roll Number in OMR Answer Sheet. Candidates will themselves be responsible for filling wrong Roll No.
6. Use of Correction Pen/Whitener in the OMR Answer Sheet is strictly forbidden.
7. 1/3 part of the mark(s) of each question will be deducted for each wrong answer. A wrong answer means an incorrect answer or more than one answers for any question.
8. Each question has five options marked as 1, 2, 3, 4, 5. You have to darken only one circle (bubble) indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
9. If you are not attempting a question then you have to darken the circle '5'. If none of the five circles is darkened, one third (1/3) part of the marks of question shall be deducted.
- 10.* After solving question paper, candidate must ascertain that he/she has darkened one of the circles (bubbles) for each of the questions. Extra time of 10 minutes beyond scheduled time, is provided for this.
11. A candidate who has not darkened any of the five circles in more than 10% questions shall be disqualified.
12. Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt with as per rules.

Warning : If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would be liable to be prosecuted under Rajasthan Public Examination (Measures for Prevention of Unfair means in Recruitment) Act, 2022 & any other laws applicable and Commission's Rules-Regulations. Commission may also debar him/her permanently from all future examinations.

उत्तर-पत्रक में दो प्रतियाँ हैं - मूल प्रति और कार्बन प्रति। परीक्षा समाप्ति पर परीक्षा कक्ष छोड़ने से पूर्व परीक्षार्थी उत्तर-पत्रक की दोनों प्रतियाँ वीक्षक को सौंपेंगे, परीक्षार्थी स्वयं कार्बन प्रति अलग नहीं करें। वीक्षक उत्तर-पत्रक की मूल प्रति को अपने पास जमा कर, कार्बन प्रति को मूल प्रति से कट लाइन से मोड़ कर सावधानीपूर्वक अलग कर परीक्षार्थी को सौंपेंगे, जिसे परीक्षार्थी अपने साथ ले जायेंगे। परीक्षार्थी को उत्तर-पत्रक की कार्बन प्रति चयन प्रक्रिया पूर्ण होने तक सुरक्षित रखनी होगी एवं आयोग द्वारा माँगे जाने पर प्रस्तुत करनी होगी।

1. True about HRM : High Resolution Manometry

- (1) The manometric diagnosis is based on the analysis of the 10 5-mL test swallows.
- (2) Evaluate multiple parameters, including Integrated Relaxation Pressure (IRP), Distal Contractile Integer (DCI), Contractile Deceleration Point (CDP), and the distal latency.
- (3) Produce color pressure topography plots, also known as Clouse plots.
- (4) All of these
- (5) Question not attempted

2. Endoscopic Grade 3a caustic injuries is :

- (1) Superficial ulcerations, erosions, exudates
- (2) Deep discrete or circumferential ulcerations
- (3) Focal necrosis
- (4) Extensive necrosis
- (5) Question not attempted

3. The use of broad-spectrum antibiotics early after corrosive ingestion is indicated primarily in which scenario ?

- (1) Prophylactically in all patients
- (2) Only when temperature $> 130^{\circ}\text{F}$
- (3) Bacterial infiltration with higher-grade injuries
- (4) None of these
- (5) Question not attempted

4. Which condition is characterized by the presence of columnar epithelium with goblet cells in the oesophagus ?

- (1) Achalasia
- (2) Barrett's oesophagus
- (3) Schatzki ring
- (4) Oesophageal varices
- (5) Question not attempted

5. All are TRUE about cross trial except

- (1) Complete response was more in adenocarcinoma than SCC.
- (2) Node positivity was higher with surgery alone.
- (3) Median overall survival was higher with trimodality treatment.
- (4) The majority of patients had adenocarcinoma.
- (5) Question not attempted

6. Randomized Trial of Definitive Chemoradiotherapy alone in carcinoma oesophagus is ?

- (1) RTOG 85-01
- (2) CROSS
- (3) (NExT trial)
- (4) TOP-GEAR
- (5) Question not attempted

7. Which of the following is not a correct statement regarding a 50-year-old male presenting with haematemesis because of a 6 cm-sized gastric lymphoma in the fundus and body ?

- (1) The stomach is the most common site
- (2) It is associated with H. Pylori
- (3) Total gastrectomy with D2 lymphadenectomy is the treatment
- (4) The 5-year survival rate after treatment is 60%
- (5) Question not attempted

8. Which of the following is not true regarding post-gastrectomy Dumping syndrome ?
- (1) Oral glucose tolerance test is the gold standard for the diagnosis
 - (2) SIGSTAD score is a radiological score for predicting Dumping
 - (3) Roux-en-Y gastric bypass has the highest incidence
 - (4) Dumping is more in Bilroth II than Bilroth I
 - (5) Question not attempted
9. For a patient with morbid obesity and an autoimmune connective tissue disorder, which of the following bariatric procedures is contraindicated ?
- (1) LSG (2) LAGB
 - (3) RYGB (4) BPD
 - (5) Question not attempted
10. A 40-year-old male presents with severe heartburn, partially responsive to PPIs and antacids for the past 6 months. A UGI endoscopy revealed a 5 mm nodule in the antral region. The biopsy taken showed gastric adenocarcinoma. CT showed no abnormal findings. He undergoes a EUS followed by ESD. Which of the following is not true for this case ?
- (1) ESD is adequate in lesions less than 2 cm in size, and which are well differentiated.
 - (2) ESD should be followed by surveillance, and care should be taken to identify and biopsy all mucosal changes and strictures at the site of previous ESD.
 - (3) EMR is not recommended in the presence of ulceration, even if the lesion < 2 cm.
 - (4) ESD needs to be followed by further treatment with gastrectomy in case of any involvement of the submucosa.
 - (5) Question not attempted
11. With reference to duodenal ulcers, which of the following statements is false ?
- (1) The first part of the duodenum is the most common site of ulcer
 - (2) Infection with *H. pylori* is associated with 80-95% of duodenal ulcers
 - (3) Malignant transformation of duodenal ulcers is common
 - (4) Eradication of *H. pylori* has greatly reduced the recurrence rates of duodenal ulcers
 - (5) Question not attempted
12. *H. pylori* infection causes carcinoma by which mechanism ?
- (1) Production of nitrosoamines
 - (2) Gastric metaplasia
 - (3) Increasing acid secretion
 - (4) Causing mutation
 - (5) Question not attempted
13. Which of the following is not correctly matched pertaining to chronic corrosive gastric injury ?
- (1) Type I : Ring-like pre-pyloric stricture
 - (2) Type II : Stricture extending up to the antrum
 - (3) Type III : Mid-gastric stricture
 - (4) Type IV : Proximal body stricture involving the Oesophagogastric junction
 - (5) Question not attempted
14. Risk factors for stress ulcer-related bleeding are all except :
- (1) Respiratory failure requiring ventilator support for more than 48 hrs.
 - (2) Burns involving more than 35% body surface area
 - (3) Duration of major surgery more than 4 hrs.
 - (4) Dose of more than 100 mg/day of hydrocortisone or equivalent
 - (5) Question not attempted

15. Which of the following is not a characteristic of the intestinal form of gastric adenocarcinoma ?
- (1) Common in older patients
 - (2) The distal stomach is commonly involved
 - (3) Associated with E-Cadherin mutation
 - (4) Commonly arise from the gastric mucosa
 - (5) Question not attempted
16. For gastric adenocarcinoma, all of the following are true about HIPEC except :
- (1) Should be reserved for younger patients under the age of 60, who are active
 - (2) With a PCI < 20
 - (3) Without ascites, extraperitoneal metastasis
 - (4) Hepatic invasion that has responded well to neoadjuvant chemotherapy
 - (5) Question not attempted
17. All are correct about the urease test except :
- (1) False-positive results are common with the rapid urease test.
 - (2) It's performed on an endoscopic biopsy specimen.
 - (3) PPIs can affect its sensitivity.
 - (4) Histology is superior to urease test.
 - (5) Question not attempted
18. Which gastric ulcer occurs in the setting of increased acid secretion ?
- (1) Type I (2) Type II
 - (3) Type IV (4) Type V
 - (5) Question not attempted
19. Endoscopic resection of gastric tumor is indicated in :
- (1) Ulcerated lesion.
 - (2) Size > 2 cm.
 - (3) Mucosal lesion.
 - (4) Lesions with lymph vascular invasion.
 - (5) Question not attempted
20. All of the following are contraindications for stricture-plasty for small bowel strictures except :
- (1) Haemorrhagic strictures
 - (2) Multiple strictures within a short segment
 - (3) Fistula at the stricture-plasty site
 - (4) Obstruction caused by fibrous stricture
 - (5) Question not attempted
21. The least common vein forming the Gastrocolic trunk is :
- (1) Accessory right colic vein
 - (2) Right gastroepiploic vein
 - (3) Short conjoined vein
 - (4) Middle colic vein
 - (5) Question not attempted
22. Which of the following statements regarding the duodenal tumors is not true ?
- (1) At the time of presentation, only 50% have resectable disease.
 - (2) Mutation of the apc gene on chromosome-5 is predisposed to periampullary carcinoma.
 - (3) Duodenal villous adenomas are commonly found around the ampulla.
 - (4) Both adenoma and carcinoma occur commonly in patients with familial polyposis.
 - (5) Question not attempted

23. The anatomic location least favourable for closure of enterocutaneous fistulae is :
 (1) Duodenal stump
 (2) Pancreas
 (3) Jejunum
 (4) Ileum
 (5) Question not attempted
24. The following are correct about Crohn's disease except :
 (1) Ileocolonoscopy biopsy is the gold standard for the diagnosis.
 (2) Colorectal cancer is more frequent in these patients.
 (3) Perianal disease may occur in 40% with ileocolitis.
 (4) Nephrotic syndrome is the commonest extraintestinal manifestation.
 (5) Question not attempted
25. In patients undergoing small bowel transplant, what is the standard protocol for surveillance of acute cellular rejection ?
 (1) Weekly serum CRP
 (2) Imaging-guided biopsy
 (3) Scheduled endoscopy through graft ileostomy
 (4) Liver function tests
 (5) Question not attempted
26. Which is not absorbed by the jejunum ?
 (1) Monoglycerides
 (2) Calcium
 (3) Vitamin A
 (4) Vitamin B12
 (5) Question not attempted
27. Which of the following is not a common risk factor for recurrence after surgical resection in Crohn's disease ?
 (1) Current smoking
 (2) Previous resection
 (3) Penetrating disease
 (4) Old age at onset
 (5) Question not attempted
28. Which preoperative nutritional marker is associated with increased postoperative complications in Crohn's surgery ?
 (1) Haemoglobin < 10 g/dL
 (2) BMI > 25
 (3) Albumin < 3.0 g/dL
 (4) CRP > 5 mg/L
 (5) Question not attempted
29. Which of the following findings on imaging is pathognomonic for mesenteric midgut carcinoid tumor ?
 (1) Cystic lesion with rim enhancement
 (2) Apple-core lesion
 (3) Mesenteric mass with radiating spokes
 (4) Dilated loops with air-fluid levels
 (5) Question not attempted
30. During the interdigestive phase, which hormone is responsible for initiating duodenal Migrating Motor Complexes (MMCs) ?
 (1) Secretin (2) CCK
 (3) Motilin (4) Gastrin
 (5) Question not attempted
31. Contraindication to the stricturoplasty in Crohn's disease is :
 (1) Haemorrhagic stricture.
 (2) Single stricture.
 (3) Serum albumin > 3.5 g/dL.
 (4) Partial stricture.
 (5) Question not attempted
32. Which amongst the following is the best method to minimize post-operative adhesions ?
 (1) Dextran
 (2) Trypsin
 (3) Corticosteroid
 (4) Meticulous surgery
 (5) Question not attempted

33. Which of the following statements is true regarding the surgical or functional anal canal ?

- (1) It is shorter than the anatomical or embryologic anal canal.
- (2) It extends from anal verge to anorectal ring.
- (3) Anal glands are more concentrated in lateral quadrants.
- (4) The anal verge corresponds to remnants of proctodaeal membrane.
- (5) Question not attempted

34. The rectum is related laterally to all structures except :

- (1) Middle rectal artery
- (2) Pelvic autonomic plexus
- (3) Hypogastric nerves
- (4) Obturator internus muscle
- (5) Question not attempted

35. Regarding epidermoid cancer of anal canal all are true except :

- (1) Bleeding is the most common presentation.
- (2) 6% present with distance metastasis.
- (3) Nigro protocol includes radiotherapy to a total dose of 3000 cGy with 5 FU & mitomycin C.
- (4) 5-year survival after salvage APR is 50-70%.
- (5) Question not attempted

36. Identify the false statement with respect to the long-term results of the OPRA trial :

- (1) Patients with both stage II and III rectal cancer were randomly assigned.
- (2) Induction chemotherapy followed by chemoradiotherapy was given in one arm.
- (3) Of all cases of tumor regrowth, 94% occurred in the first 2 years after restaging.
- (4) Salvage TME for tumor regrowth offered an inferior outcome to immediate TME following an incomplete response to total neoadjuvant therapy.
- (5) Question not attempted

37. FALSE statement regarding management of rectal cancer is :

- (1) Twenty percent of rectal cancer patients may achieve a complete response following neoadjuvant CTRT.
- (2) Villous adenoma of the lower rectum is amenable to transanal excision.
- (3) Endoscopic submucosal resection can be performed for the lesion that reaches the muscle wall.
- (4) T1 & T2 rectal cancers are ideal for local excision.
- (5) Question not attempted

38. All are correct about M-opioid receptor antagonists (Alvimopan) except :

- (1) Peripherally acting drug.
- (2) Reduces bile acid secretion.
- (3) Improves paralytic ileus.
- (4) All of these are correct.
- (5) Question not attempted

39. In Crohn's disease, which of the following is true regarding resection margins ?

- (1) Margins must be 10 cm beyond diseased bowel to prevent recurrence
- (2) Microscopic disease at the margin mandates further resection
- (3) Only grossly involved bowel should be resected, regardless of microscopic disease
- (4) Frozen section is required at all resection sites
- (5) Question not attempted

40. All are true about the appendiceal neoplasms except :

- (1) Goblet cell carcinoma displays both neuroendocrine and glandular differentiation.
- (2) Low-grade Appendiceal Mucinous Neoplasms (LAMN) are treated with the right hemicolectomy.
- (3) Patients with rupture LAMN may develop Pseudomyxoma peritonei.
- (4) Mucinous tumors with infiltrative invasion are classified as mucinous adenocarcinoma.
- (5) Question not attempted

41. What is the major limitation of checkpoint inhibitors in the treatment of colon cancer ?

- (1) Low response rate in Microsatellite Stable (MSS) tumors
- (2) Severe gastro-intestinal toxicity
- (3) High cost and limited access
- (4) Lack of long-term survival benefit
- (5) Question not attempted

42. Which of the following is true regarding pre-sacral veins :

- (1) They are without valves
- (2) They communicate with the intervertebral venous system.
- (3) The connecting vein adventitia is firmly adhered to the periosteum of the sacral foramina.
- (4) In the lithotomy position, the presacral veins have hydrostatic pressure lower than the normal IVC pressure.
- (5) Question not attempted

43. How many calories can a colon absorb in a day into the systemic circulation ?

- (1) Zero
- (2) Hundred
- (3) Five hundred
- (4) One thousand
- (5) Question not attempted

44. A 45-year-old male presented with a 6-centimeter-long reducible rectal prolapse. He is habitually constipated. Barium enema showed a redundant sigmoid colon with faecal matter. The treatment of choice for him would be :

- (1) Anterior resection
- (2) Rectopexy
- (3) Delorme's operation
- (4) Godshall's operation
- (5) Question not attempted

45. All are true about Short-Chain Fatty Acid (SCFA) except :

- (1) Butyrate is the source of energy to colonocytes.
- (2) Antibiotics adversely affect colonocyte functions.
- (3) Psyllium increases the production of acetate and other SCFA.
- (4) Half of the flatus is produced by bacterial fermentation.
- (5) Question not attempted

46. Which of the following statements is false regarding polyps of colon ?
- (1) MUTYH-Associated Polyposis (MAP) is associated with a 100-fold increase in colorectal cancer.
 - (2) Proctocolectomy with ileostomy is a definitive single-stage procedure for FAP.
 - (3) Following total colectomy with ileorectal anastomosis, FAP patients have 2% risk of malignancy.
 - (4) Peutz - Jeghers syndrome (PJS) is an autosomal dominant genetic disorder.
 - (5) Question not attempted
47. CMS 3 (Consensus molecular subtype 3) colon cancer :
- (1) shows microsatellite instability and strong immune activation.
 - (2) shows mesenchymal phenotype and angiogenesis.
 - (3) shows epithelial phenotype and dysregulation.
 - (4) shows epithelial phenotype and MYC signalling.
 - (5) Question not attempted
48. Which of the following has the least risk of Colorectal Cancer (CRC) ?
- (1) Classical Familial Adenomatous Polyposis (FAP)
 - (2) Peutz-Jeghers Polyposis (PJP).
 - (3) Lynch syndrome
 - (4) Attenuated FAP
 - (5) Question not attempted
49. True regarding Solid Pseudopapillary Tumors (SPTs) of the pancreas :
- (1) Common in fourth decade of life
 - (2) More common in males
 - (3) Different from Hamoudi tumors
 - (4) Immunophenotype stains positively for neuron-specific enolase and CD10
 - (5) Question not attempted
50. According to new Fukuoka guidelines, which of the following is not an absolute criteria for IPMN of pancreas ?
- (1) Main duct 5-9 mm
 - (2) Size
 - (3) Pancreatitis
 - (4) All of these
 - (5) Question not attempted
51. Which of the following parameter/s is/are not included in the Ranson's prognostic signs useful in the early evaluation of a patient with acute pancreatitis ?
- (1) Elevated blood glucose.
 - (2) Leukocytosis.
 - (3) Amylase value greater than 1000 U per dL.
 - (4) Serum Lactic Dehydrogenase (LDH) greater than 350 IU per dL.
 - (5) Question not attempted

52. A 45 year old male with post Pancreatoduodenectomy for periampullary carcinoma, is otherwise clinically well. However he has a persistent pancreatic leak after 3 weeks with positive intra-abdominal CT findings with signs of infection and has no sign of sepsis. He recovered after 4 weeks without reoperation. Which grade of POPF was this ?
- (1) Biochemical leak
 - (2) Grade B
 - (3) Grade C
 - (4) Grade D
 - (5) Question not attempted
53. Which of the following is not a true statement regarding acute pancreatitis ?
- (1) Prophylactic antibiotics decrease mortality in patients with severe acute pancreatitis
 - (2) Prophylactic antibiotics are associated with *staphylococcus aureus* and *candida* infection
 - (3) Laparoscopic cholecystectomy should be delayed for atleast six weeks in patients with severe acute pancreatitis
 - (4) Early laparoscopic cholecystectomy is safe in mild pancreatitis
 - (5) Question not attempted
54. A 45-year-old male has a locally advanced, unresectable pancreatic neuroendocrine tumor on CT scan. If we plan further evaluation and some form of therapy as well, which of the following would be useful ?
- (1) 18FDG-Yttrium
 - (2) 64Cu-DOTATATE with I¹²⁷
 - (3) 68Ga-DOTATATE
 - (4) Lutetium-177
 - (5) Question not attempted
55. All of the following are hormones secreted by beta cells of pancreas, except :
- (1) cGRP
 - (2) Amylin
 - (3) Pancreastatin
 - (4) Endorphins
 - (5) Question not attempted
56. A 35 year lady presented with episodic pain in the abdomen and weakness. On examination she was found to have cyanosis. Imaging and nuclear scan revealed presence of a 2 cm size pancreatic neuro endocrine tumor. Which of the following is the histological diagnosis ?
- (1) Glucagonoma
 - (2) Insulinoma
 - (3) Neurotensinoma
 - (4) Ghrelinoma
 - (5) Question not attempted
57. Which of the following is an incorrect statement pertaining to necrotizing pancreatitis ?
- (1) DESTIN trial : Upfront endoscopic necrosectomy at the index intervention rather than as a step-up measure could safely reduce the number of reinterventions
 - (2) EXTENSION trial : Endoscopic step-up approach was superior to the surgical step-up approach
 - (3) PANTER trial : Surgical step-up approach is better than open necrosectomy
 - (4) POINTER trial : Immediate drainage is not superior to postponed drainage with regard to complications.
 - (5) Question not attempted

58. All of the following are indications for staging laparoscopy for patients at high risk of pancreatic ductal adeno-carcinoma except :

- (1) tumors involving the head
- (2) tumor > 3 cm
- (3) uncertain finding on imaging
- (4) high CA19-9 >100U/ml
- (5) Question not attempted

59. Which of the following is true about the microscopic features of pancreatic adenocarcinomas ?

- (1) Characterized by infiltrating tubular glands embedded in a desmoplastic stroma of high cellularity
- (2) Perineural invasion is present in more than half of the cases
- (3) Easily distinguished from features of chronic pancreatitis
- (4) None of these
- (5) Question not attempted

60. As per the consensus statement by the International Study Group on Pancreatic Surgery (ISGPS), the standard lymphadenectomy during surgery for pancreatic ductal adenocarcinoma constitutes removal of the following lymph nodal stations, except :

- (1) Station 13b
- (2) Station 14b
- (3) Station 16b
- (4) Station 17b
- (5) Question not attempted

61. Which of the following statement regarding RAMPS for pancreatic ductal adenocarcinoma in a 40 year female is not true ?

- (1) Splenic artery involvement is not a contraindication
- (2) Medial to lateral approach is usually combined with extensive lymphadenectomy
- (3) Pancreatic neck is encircled and divided early in the procedure
- (4) Direct ligation of pancreatic duct remnant has a higher risk of POPF than a linear stapling device
- (5) Question not attempted

62. Which of the following antibiotics is least likely to be useful in terms of penetration to the necrotic tissue in the treatment of acute necrotizing pancreatitis ?

- (1) Ciprofloxacin
- (2) Metronidazole
- (3) Amikacin
- (4) Imipenem
- (5) Question not attempted

63. Which of the following trials did not compare neoadjuvant chemotherapy for pancreatic adenocarcinoma ?

- (1) NEONAX trial
- (2) PREOPANC trial
- (3) PRODIGE 48 trial
- (4) NORPACT-1 trial
- (5) Question not attempted

64. Which of the following is not true about the physiology of pancreatic secretion ?

- (1) Under physiologic conditions, acinar cells synthesize all proteases as inactive proenzymes
- (2) The duodenal mucosa expresses enterokinase on its brush boarder, which catalyzes the enzymatic activation of trypsin from trypsinogen
- (3) The main function of colipase is to stabilise the activity of pancreatic amylase in the presence of bile salts.
- (4) The primary function of pancreatic duct cells is to provide the water and electrolytes required to dilute and deliver the enzymes synthesized by acinar cells.
- (5) Question not attempted

65. Which multicentre randomised controlled trial analysed the outcomes of laparoscopic vs. open pancreatoduodenectomy :

- (1) LEOPARD-1 trial
- (2) LEOPARD-2 trial
- (3) LION trial
- (4) TIGER trial
- (5) Question not attempted

66. Which of the following is a known benefit of ALPPS compared to traditional two-stage hepatectomy procedures ?

- (1) ALPPS offers a reduced rate of postoperative liver failure due to more gradual hypertrophy
- (2) ALPPS allows for faster hypertrophy of the liver remnant, enabling resection in high-risk patients with inadequate FLR
- (3) ALPPS eliminates the need for portal vein ligation in the second stage
- (4) ALPPS offers a better long-term survival rate by improving overall liver function
- (5) Question not attempted

67. During hemiliver donor hepatectomy, division of which of the following branches may lead to segment 4 bile leak in most cases ?

- (1) Single significant branch (more than 1 mm) from the right hepatic artery to segment 4 intra-parenchymally
- (2) Significant branches (more than 1 mm) from the right hepatic artery to segment 4 extraparenchymally
- (3) Numerous small branches (less than 1 mm) from the right hepatic artery to segment 4
- (4) Small branches from segment 2 coursing recurrently to enter segment 4 across the Cantlie's line
- (5) Question not attempted

68. Which of the following is the next step for a patient with a single 3 cm hepatocellular carcinoma in the right lobe of the liver, preserved liver function, and good performance status, according to the BCLC 2022 guidelines ?
- (1) Resection
 - (2) Ablation
 - (3) Transplantation
 - (4) Hepatic venous pressure gradient
 - (5) Question not attempted
69. A young black non-diabetic female presented with acute cholecystitis. An emergency cholecystectomy was done. Cut section of the gall bladder showed multiple firm yellow nodules in the wall of the cystic duct, causing obstruction. There were no stones. The most likely pathology is :
- (1) Liposarcoma
 - (2) Argemaffinoma
 - (3) Granular cell myoblastoma
 - (4) Biliary chromo-cystadenoma
 - (5) Question not attempted
70. Which of the following statements is true regarding methods to increase the Future Liver Remnant (FLR) before a planned extended hepatectomy ?
- (1) Liver venous deprivation is defined as simultaneous or sequential PVE and HVE
 - (2) Kobayashi et al. reported that sequential PVE and HVE have a superior degree of hypertrophy and kinetic growth rate compared to PVE alone
 - (3) Aoki et al. reported that PVE, followed by TACE within 2 weeks, induces FLR hypertrophy in large HCC and chronically injured liver
 - (4) None of these
 - (5) Question not attempted
71. All of the following are true of hepatitis B except :
- (1) Spontaneously resolves in 90%
 - (2) All patients with detectable viral loads require treatment
 - (3) All cirrhosis patients with chronic hepatitis B require treatment
 - (4) Prophylactic antivirals should be considered if patients require chemotherapy
 - (5) Question not attempted
72. A 20-year-old male is having idiopathic thrombocytopenic purpura. His platelet count is 50000/cmm. He was advised splenectomy. The surgeon planned a laparotomy and splenectomy. When should the platelet transfusion be given ?
- (1) The previous night of surgery
 - (2) Immediately before the skin incision
 - (3) After ligation of the splenic artery
 - (4) At least 24 hours following surgery
 - (5) Question not attempted
73. Which landmark study led to the inclusion of Atezolizumab plus Bevacizumab as a first-line therapy for stage C hepatocellular carcinoma (HCC) in the BCLC 2022 guidelines ?
- (1) Checkmate 9DW
 - (2) HIMALAYA
 - (3) IMbrave 150
 - (4) SHARP
 - (5) Question not attempted

74. A 40-year-old lady had a proximal lieno-renal shunt for NCPF with portal hypertension and oesophageal variceal bleed. After 2 years, she developed shunt thrombosis, Grade IV oesophageal varices with bleed. She cannot comply with repeated sclerotherapy because she lives in a remote place. The ideal elective surgical option for her would be :
- (1) Portocaval shunt
 - (2) Devascularisation
 - (3) Revision of the previous shunt
 - (4) Surgical thrombectomy
 - (5) Question not attempted
75. Which among the following is the first step in the Glissonian approach for laparoscopic mesohepatectomy ?
- (1) Control of segment 4 pedicle
 - (2) Control of segment 5 pedicle
 - (3) Control of segment 5 and 8 pedicle
 - (4) Control of right posterior pedicle
 - (5) Question not attempted
76. All of the following factors are included in the clinical risk score for hepatic colo-rectal liver metastasis except :
- (1) Lymph nodal metastasis with primary colo-rectal tumor
 - (2) CEA level higher than 200 ng/ml
 - (3) Disease free interval less than 1 year
 - (4) Degree of tumor differentiation
 - (5) Question not attempted
77. The most frequently observed anatomic pattern of the middle hepatic vein is :
- (1) Equal venous drainage from segments 4, 5, and 8 via large secondary branches that unite deep in the hepatic parenchyma.
 - (2) A single large vessel receiving secondary branches from segments 4, 5, and 8 throughout its course.
 - (3) Broad dominant middle hepatic vein that sweeps laterally to supply the entire anterolateral surface of the hemiliver.
 - (4) Broad dominant hepatic vein receiving supply mainly from segments 4, 5, and a few from segment 8.
 - (5) Question not attempted
78. Which of the following is Grade 3 resection on the scale of technical difficulty ?
- (1) Peripheral wedge resection.
 - (2) Central anterior bisegmentectomy (s4b & s5)
 - (3) Left lateral sectionectomy (s2 & s3)
 - (4) Right posterior sectionectomy (s6 & s7)
 - (5) Question not attempted
79. Which of the following is true regarding hepatic artery ?
- (1) Supplies the same amount of blood to the liver as the portal vein.
 - (2) Provides less blood to the bile ducts than the portal vein.
 - (3) Both hepatic artery and portal vein is autoregulated
 - (4) Supplies most of the blood to hepatic metastases.
 - (5) Question not attempted

80. The preferred modality for primary prophylaxis in patients with oesophageal varices is :

- (1) Non-Selective Beta Blockers (NSBB)
- (2) Variceal Band Ligation (VBL)
- (3) Non-Selective Beta Blockers (NSBB) & Variceal Band Ligation (VBL) both are correct.
- (4) Distal splenorenal shunt.
- (5) Question not attempted

81. Most common type of portal vein anatomy according to Nakamura is :

- (1) Type A (2) Type B
- (3) Type C (4) Type D
- (5) Question not attempted

82. All of the following are MELD exceptions for liver transplant except :

- (1) Cystic fibrosis
- (2) HCC (Stage III)
- (3) Cholangiocarcinoma
- (4) Primary hyperoxaluria
- (5) Question not attempted

83. All of the following statement(s) is/are true concerning the widely accepted French or Couinaud's nomenclature for liver anatomy except :

- (1) The liver is divided into eight discrete segments based on portal pedicle branches and hepatic venous drainage.
- (2) This anatomy is particularly useful in allowing less than lobar segmental anatomical resections that minimize blood loss and loss of hepatic reserve.
- (3) Segments are supplied by second-order branches.
- (4) All of these
- (5) Question not attempted.

84. Absolute contraindications to Liver Transplant includes all except

- (1) Extrahepatic malignancy
- (2) Uncontrolled systemic sepsis from a source originating outside the liver
- (3) Ongoing or recent substance abuse
- (4) Severe haemodynamic instability
- (5) Question not attempted

85. Baniff schema for early chronic hepatic rejection includes all except :

- (1) Bile duct loss in < 50% of portal tracts
- (2) Intimal inflammation, focal foam-cell deposition involving large perihilar bile ducts
- (3) Focal obliteration of terminal hepatic venules
- (4) "Transition" hepatitis with spotty necrosis of hepatocytes
- (5) Question not attempted

86. According to guidelines from the European Neuroendocrine Society (ENETS), the following are indications for liver transplant except

- (1) Well-differentiated NET with Ki-67 proliferation index less than or equal to 10%
- (2) Primary tumor removed at least 12 months before transplantation
- (3) Less than 50% liver involvement or less than 75% liver involvement in patients with refractory hormonal symptoms
- (4) Age less than 55 years
- (5) Question not attempted

87. Which of the following is a dual HER2-targeted bispecific antibody approved for the treatment of previously treated, unresectable or metastatic highly expressed HER2-positive Biliary Tract Cancer (BTC), including hilar cholangiocarcinoma ?
 (1) Lapatinib (2) Neratinib
 (3) Zanidatamab (4) Pertuzumab
 (5) Question not attempted
88. All somatic mutations are observed in gall bladder carcinoma except :
 (1) IDH-1 (2) KRAS
 (3) PIK3CA (4) TP53
 (5) Question not attempted
89. Find the wrong pair regarding the serum half-life of liver enzymes :
 (1) Alkaline phosphatase - Two weeks
 (2) Alanine aminotransferase - 50 h
 (3) Aspartate aminotransferase - 17 h
 (4) g-Glutamyl transpeptidase - 3-4 days
 (5) Question not attempted
90. Which of the following statements regarding typical biliary pain is incorrect ?
 (1) Occurs due to increased pressure in the bile ducts and the gall bladder
 (2) In the post-cholecystectomy patient, pain caused by stones in the common bile duct is felt in the mid-epigastrium rather than below the right costal arch.
 (3) It mostly lacks the characteristics of a true colicky pain because, though the fluctuating nature simulates a colicky character, painless intervals are generally not present.
 (4) Biliary colic occurs more often with stones in the common bile duct than in the cystic duct.
 (5) Question not attempted
91. Which of the following is true regarding cholangiocarcinoma ?
 (1) Hepatitis B and C are risk factors in the development of intrahepatic cholangiocarcinoma
 (2) The risk of developing cholangiocarcinoma is higher after a hepaticojejunostomy than after trans duodenal sphincteroplasty
 (3) Most cholangiocarcinomas are located in the distal common bile duct
 (4) Bile duct cancer in patients with primary sclerosing cholangitis are most often intrahepatic
 (5) Question not attempted
92. Which of the following is true regarding the Hilar plate ?
 (1) Separates the biliary confluence from segments III and IV.
 (2) It is the thickening of the visceral peritoneum at the hilum around the porta.
 (3) It is continuous with the umbilical plate on the left and the gall bladder plate on the right
 (4) Division of the hilar plate is an important step in the surgeries for (i) BBS and (ii) left lateral segmentectomy.
 (5) Question not attempted

93. A 35-year-old gentleman was having symptomatic GB and CBD stones. He underwent ERC, EPT, CBD clearance, followed by lap to open cholecystectomy. The surgery took 3 hours, and two units of blood were transfused. Postoperatively, he had a bile leak through the drain. He was discharged after a month of hospital stay when the drain was continuing to drain about 200 ml of bilious fluid. His oral intake was satisfactory. The histopathology of the gall bladder showed chronic cholecystitis. In case the patient comes with an upper GI bleed, what would be the most likely cause among the following ?

- (1) Hepatic Artery Pseudoaneurysm
- (2) Missed duodenum or gastric pathology
- (3) Bilio-venous fistula
- (4) Missed CBD stone passed away through the papilla
- (5) Question not attempted

94. All of the following are true regarding intraoperative management of biliary cyst communication except :

- (1) Direct suturing of the orifice with absorbable material if the cyst wall is not too fibrotic
- (2) Direct suturing contraindicated in central fistula
- (3) All patients with cysto-biliary communication should undergo CBD exploration
- (4) All patients with large biliary cyst communication should undergo IOC
- (5) Question not attempted

95. False about Xanthogranulomatous cholecystitis is :

- (1) Destructive inflammation with proliferative fibrosis on pathology
- (2) Asymmetric wall thickening or mass formation in gall bladder wall on imaging
- (3) Serum CA19-9 is always normal and help in differentiating from malignancy
- (4) It is analogous to xanthogranulomatous pyelonephritis
- (5) Question not attempted

96. Rigler's triad consists of all except :

- (1) Dilated small bowel
- (2) Pneumobilia.
- (3) Radiopaque duodenal shadow
- (4) Dilated stomach
- (5) Question not attempted

97. Grade II cholangitis as per Tokyo guidelines includes :

- (1) Total leucocyte count > 10000/cc.
- (2) Total bilirubin < 5mg/dL.
- (3) INR > 1.5.
- (4) Hypoalbuminemia.
- (5) Question not attempted

98. Which of the following conditions is a contraindication to liver transplantation for Hilar cholangiocarcinoma under the Mayo Clinic protocol ?

- (1) Tumor size > 3 cm
- (2) CCA extending below the cystic duct on cholangiography
- (3) Prior transperitoneal biopsy
- (4) All of these
- (5) Question not attempted

99. What is the most common site for distant recurrence following curative resection of gallbladder cancer ?
- (1) Liver
 - (2) Lung
 - (3) Peritoneum
 - (4) Abdominal wall
 - (5) Question not attempted
100. The criteria for a critical view of safety involve all except :
- (1) The hepatocytic triangle is cleared of tissue.
 - (2) Two structures are seen entering the bile duct.
 - (3) One-third of the cystic plate is visible.
 - (4) Two structures are seen entering the gallbladder.
 - (5) Question not attempted
101. All are indications of Choledochoduodenostomy except :
- (1) An elderly patient with common bile duct stones.
 - (2) An impacted stone at the ampulla.
 - (3) Proven ampullary stenosis.
 - (4) Primary sclerosing cholangitis.
 - (5) Question not attempted
102. An isotope scan (HIDA) in patients with post-cholecystectomy bile duct injury is helpful in all except :
- (1) Understanding the contribution of biliary obstruction to overall derangements in hepatocellular functions.
 - (2) To evaluate the patency of biliary enteric anastomosis.
 - (3) To know the type of biliary stricture.
 - (4) An isolated sectoral hepatic duct stricture.
 - (5) Question not attempted
103. As per available evidence, which of the following is correct regarding (Segment 4b, 5) wedge versus bisegmentectomy hepatic resection in operable patients with gallbladder cancer ?
- (1) Wedge resection had more hepatic recurrence than bisegmentectomy.
 - (2) Five-year overall survival was significantly superior with bisegmentectomy.
 - (3) Wedge resection has significantly higher margin positivity.
 - (4) Wedge resection was oncologically effective for locoregional control.
 - (5) Question not attempted
104. The half-life of prealbumin is :
- (1) 2 days
 - (2) 8 days
 - (3) 15 days
 - (4) 20 days
 - (5) Question not attempted
105. "Buried bumper" syndrome complication usually associated with :
- (1) Percutaneous Endoscopic Gastrostomy (PEG) tubes
 - (2) Feeding jejunostomy
 - (3) Nasojejunal tubes
 - (4) All of these
 - (5) Question not attempted
106. Postoperative enteral nutrition is contraindicated in
- (1) Incisional hernia repair.
 - (2) Hepatic resection.
 - (3) Intestinal resection and anastomosis.
 - (4) High output fistula.
 - (5) Question not attempted
107. Those with high-output fistulas especially the case with duodenal fistulas require more protein up to :
- (1) 0.5-1 g/kg per day
 - (2) 1.0 to 1.5 g/kg per day
 - (3) 1.5 to 2.5 g/kg per day
 - (4) None of these
 - (5) Question not attempted

108. The best imaging modality to differentiate FNH from Fibrolamellar carcinoma is :

- (1) USG
- (2) CT
- (3) MRI
- (4) Tc-99m sulphur colloid scan
- (5) Question not attempted

109. Centrifugal filling of contrast is seen in :

- (1) HCC
- (2) FNH
- (3) Hepatic adenoma
- (4) Fibrolamellar carcinoma
- (5) Question not attempted

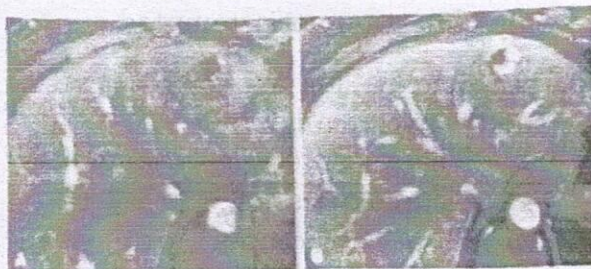
110. The arrow-marked finding is of USG of the liver and gall bladder. This is a known ultrasound artifact. Which of the following are the causes ?

- a. R- A sinus
- b. Gas in the biliary tree
- c. TIPS
- d. Hyper vascular metastasis



- (1) a, b
- (2) b, c
- (3) c, a
- (4) a, d
- (5) Question not attempted

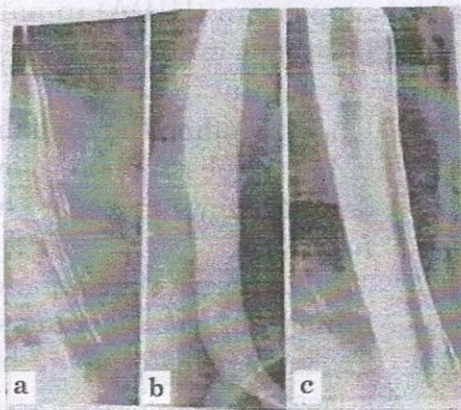
111. A 28 year lady, who was planning pregnancy, had the following findings in two phases of CEMRI. This was done after some suspicion in a routine USG. There were no other findings. The tumor markers were negative. What should be advised next ?



- (1) Continue with pregnancy without any increased risk due to the lesion
- (2) FNAC and proceed
- (3) RFA
- (4) Alcohol or Acetic acid injection
- (5) Question not attempted

112. Below are mentioned 3 views of barium studies of the upper GI. (a, b, c starting from the viewer's left). Match the views best used for the following conditions :

- x. Strictures and large polypoidal defects
- y. Subtle mucosal lesions
- z. Abnormalities of the submucosa



- (1) a-z, c-y
- (2) b-y, a-z
- (3) c-z, a-y
- (4) b-z, a-y
- (5) Question not attempted

113. The following is the scan of a patient with recurrent pain, abdomen showing presence of mass and calcifications. What are the two closest differential diagnoses that can only be differentiated by biopsy?



- (1) Mesenteric GIST and carcinoma
 - (2) Mesenteric dermoid and GIST
 - (3) TB mesenterica and NET
 - (4) Sclerosing mesenteritis and NET
 - (5) Question not attempted
114. According to RECIST 1.1, which of the following best defines a Partial Response (PR)?
- (1) Disappearance of all target lesions
 - (2) $\geq 30\%$ decrease in the sum of diameters of target lesions
 - (3) $\geq 50\%$ reduction in tumor volume
 - (4) Decrease in tumor SUV on PET
 - (5) Question not attempted
115. All are true about the multiphasic CT except:
- (1) It better delineates liver anatomy
 - (2) It reduces radiation exposure to the patient
 - (3) It helps in the differentiation of hepatic neoplasms.
 - (4) It helps in the diagnosis of gallstones.
 - (5) Question not attempted
116. The contrast MRI exploits the abundance of this atom in the human body. What is it?
- (1) Hydrogen (2) Sodium
 - (3) Phosphorus (4) Carbon
 - (5) Question not attempted

117. Why do high-flow hepatic haemangiomas show pseudo washout in transitional phase of gadoxate disodium (Gd-EOB-DTPA) MRI?

- (1) High uptake and washout of the contrast by haemangioma.
- (2) Low uptake and high washout by haemangioma.
- (3) High contrast uptake by the hepatocytes and absence of hepatocytes in haemangioma.
- (4) None of these
- (5) Question not attempted

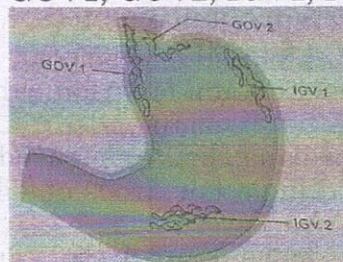
118. Which of the following is a disadvantage of BRTO compared to TIPS in acute bleed?

- (1) Increased risk of hepatic encephalopathy
- (2) Potential to worsen portal hypertension and to increase the size and bleeding risk associated with oesophageal varices.
- (3) High technical failure rate
- (4) Need for permanent stent placement
- (5) Question not attempted

119. Endoscopic ultrasound characteristics of Mucinous cystadenoma of the pancreas are:

- (1) Unilocular, thick-walled with debris.
- (2) Microcystic with central calcification.
- (3) Macrocystic with thick septations.
- (4) Dilated tortuous pancreatic duct.
- (5) Question not attempted

120. What is the correct order of incidence of the following varices: GOV1, GOV2, IGV1, IGV2



- (1) 75%, 20%, 4%, 1%
- (2) 20%, 4%, 75%, 1%
- (3) 75%, 20%, 1%, 4%
- (4) 20%, 75%, 1%, 4%
- (5) Question not attempted

121. During ERCP, while performing a sphincterotomy, the standard position for cutting the ampulla is :
 (1) 1 o'clock (2) 9 o'clock
 (3) 11 o'clock (4) Anywhere
 (5) Question not attempted
122. Regarding Post polypectomy syndrome, all are true except :
 (1) It is the result of electrocautery-induced perforation of the colonic wall that has sealed.
 (2) Patients often present 5 to 10 days after the procedure.
 (3) Present with localized tenderness, fever and leukocytosis but without gross peritonitis or radiographic evidence of a perforation.
 (4) The incidence is reported to range from 0.003% to 0.1%.
 (5) Question not attempted
123. Which of the following is a contaminated case for the wound ?
 (1) TAPP for hernia
 (2) Interval appendectomy
 (3) Early gastric ulcer perforation
 (4) Diverticulitis – Hinchey 2b
 (5) Question not attempted
124. Which among the following CT findings is associated with a low risk for surgical intervention in suspected duodenal injury ?
 (1) Adjacent pancreatic injury
 (2) Duodenal thickening
 (3) Para duodenal fluid
 (4) Free intraperitoneal air
 (5) Question not attempted
125. In the closed method of pneumoperitoneum creation, which of these is not recommended ?
 (1) Aspirating the Veress needle
 (2) Instilling a few drops of saline into the Veress
 (3) Free movement of the Veress needle in all directions after entering the abdominal cavity
 (4) Monitoring the pressures at the start and during insufflation
 (5) Question not attempted
126. Which of the following statements is not true regarding the cholinergic anti-inflammatory pathway that plays a role in modulating innate immune response ?
 (1) Has both afferent and efferent arms and uses the vagus nerve as a conduit.
 (2) Ach acts on alpha-7 acetylcholine receptor.
 (3) Occupation of the receptor will suppress the secretion of proinflammatory cytokines by immune-stimulated neutrophils.
 (4) Experimental studies have shown that sectioning the vagus will exacerbate the pathological inflammatory response.
 (5) Question not attempted
127. The Odds ratio in statistics has a range from :
 (1) Zero to One (2) Zero to 10
 (3) Zero to 100 (4) Zero to Infinity
 (5) Question not attempted
128. All of the following are "hard signs" of pancreatic injury on CT except :
 (1) Active bleeding
 (2) Pancreatic haematoma or laceration
 (3) Diffuse enlargement or oedema of the pancreas
 (4) High pancreatic attenuation
 (5) Question not attempted
129. During laparoscopy, angle between the two working instruments is called as :
 (1) Manipulation angle
 (2) Elevation angle
 (3) Azimuth angle
 (4) Diagonal angle
 (5) Question not attempted
130. Which is true regarding Splenic Artery Aneurysm (SAA) ?
 (1) Constitutes 40% of all visceral arterial aneurysms
 (2) This is the third most common abdominal aneurysm after aortic and iliac artery aneurysms
 (3) Typical patient is a multiparous woman in second trimester
 (4) For incidental and asymptomatic aneurysms, surgical treatment is indicated if the SAA is larger than 1.5 cm in diameter
 (5) Question not attempted

131. Which of the following is not a common cause of obscure GI bleeding in the small intestine?

- (1) Crohn disease
- (2) NSAID-induced ulcers
- (3) Gastric varices
- (4) Vascular ectasia
- (5) Question not attempted

132. The most common site for recurrence after radical gastrectomy is:

- (1) Anastomotic site
- (2) Gastric bed
- (3) Liver metastasis
- (4) Intraperitoneal metastasis
- (5) Question not attempted

133. What is the most critical concern during the reperfusion phase of liver transplantation?

- (1) Hyperkalemia and acidosis
- (2) Hypocalcemia and alkalosis
- (3) Hypertension due to graft perfusion
- (4) Tachycardia due to vagal stimulation
- (5) Question not attempted

134. Benefits of ERAS Protocol includes all except:

- (1) Reduced hospital stay
- (2) Lowered postoperative complication rates
- (3) Improved patient satisfaction
- (4) Increased healthcare costs
- (5) Question not attempted

135. All are true about Overwhelming Postsplenectomy Sepsis (OPSS) except:

- (1) Lower incidences in trauma patients compared with patients with haematologic malignancies.
- (2) One fourth of all fatalities occurring within 48 hours of presentation.
- (3) It is a widely accepted practice to immunize patients with pneumococcal vaccine shortly after undergoing emergency splenectomy prior to discharge from the hospital
- (4) Streptococcus pneumoniae remains the causative organism in 42% of cases.
- (5) Question not attempted

136. What is the most common cause of oesophageal perforation?

- (1) Caustic ingestion
- (2) Foreign body
- (3) Iatrogenic injury
- (4) Spontaneous rupture
- (5) Question not attempted

137. TRUE statement about FDG-PET in gallbladder cancer:

- (1) The result of FDG-PET may change the stage in < 10% of patients with advanced gallbladder cancer.
- (2) Sensitivity and specificity of FDG-PET for the metastatic tumors are higher than those for the primary gallbladder cancer.
- (3) The sensitivity and specificity of FDG-PET for the residual tumor in the gallbladder fossa are 65% and 60% respectively.
- (4) None of these
- (5) Question not attempted

138. All are advantages of robotic surgery over laparoscopic surgery except:

- (1) Robotic system filters out tremors
- (2) Wristed instruments (7 DOF), greater dexterity
- (3) True haptic feedback
- (4) High-definition 3D stereoscopic vision
- (5) Question not attempted

139. The most common familial disease associated with PNETs is:

- (1) Multiple Endocrine Neoplasia type 1 (MEN1)
- (2) Von Hippel-Lindau syndrome (VHL)
- (3) Neurofibromatosis type 1 (NF1)
- (4) Tuberous Sclerosis (TS)
- (5) Question not attempted

140. All of the following are elevated during the acute response to injury except :

- (1) Glucagon
- (2) Thyroid hormone
- (3) Glucocorticoid
- (4) Catecholamine
- (5) Question not attempted

141. Which genetic alteration is commonly associated with gastrointestinal stromal tumors (GISTs) ?

- (1) KRAS mutation
- (2) PDGFRA mutation
- (3) TP53 mutation
- (4) APC gene mutation
- (5) Question not attempted

142. Prothrombin complex concentrate contains :

- (1) Factors I, II, V, X
- (2) Factors II, V, VII, X
- (3) Factors II, VII, IX, X
- (4) Factors I, II, IX, X
- (5) Question not attempted

143. The first step in Chromosomal Instability (CIN) pathway in colorectal cancer is commonly associated with inactivation of

- (1) TP53
- (2) WNT signalling pathway
- (3) KRAS
- (4) SMAD
- (5) Question not attempted

144. Which of the following statements regarding para-oesophageal hernias is not correct ?

- (1) Type I sliding hernias are usually reducible and may predispose to GE reflux.
- (2) In Type II hiatal hernia GE junction remains in its normal abdominal position.
- (3) Type III hernias are susceptible to meso-axial volvulus of the stomach.
- (4) Type IV hernias are distinguished by the presence of other abdominal viscera within the defect.
- (5) Question not attempted

145. All of the following statements concerning the proximal and distal oesophagus are true except :

- (1) Antipodal lymphatic flow proceeds from the area of the tracheal bifurcation cranially and caudally.
- (2) Carcinomas occur with greatest frequency in the mucosa of the distal half of the oesophagus.
- (3) The prognosis for distal tumors is far better than that for the rarer tumors located in the proximal half of the oesophagus.
- (4) Pulsion diverticula are located most commonly in the proximal esophagus. Heterotopic gastric mucosa is most commonly located at the distal esophagus.
- (5) Question not attempted

146. A 60-year-old healthy male has a bone impaction in the oesophagus. Immediately following endoscopic extraction, he developed chest pain. Over the next 24 hours, he developed fever, nausea, an increase in chest pain, and mild breathlessness. Chest X-ray showed mediastinal emphysema and a fluid level with air in the left chest. On inserting a chest tube, 500 ml of purulent fluid was drained. Which of the following statements is true regarding the course of the disease ?

- (1) The perforation is most likely in the middle third of the oesophagus.
- (2) The surgical emphysema manifests 6-12 hours after the perforation.
- (3) Upper GI endoscopy is contraindicated in this case.
- (4) Primary repair of perforation with or without reinforcement is the treatment of choice.
- (5) Question not attempted

147. Which of the following is false for achalasia cardia in relation to the Chicago classification of oesophageal motility ?

- (1) In type I achalasia, 100% failure of oesophageal peristalsis is an essential criterion.
- (2) Achalasia cardia with panesophageal pressurisation in $\geq 20\%$ of swallows is characteristic of type II achalasia.
- (3) Type III achalasia is a type of spastic achalasia.
- (4) Distal Contractile Integral (DCI) of more than 450 mm Hg·s·cm satisfies the criteria for failed peristalsis.
- (5) Question not attempted

148. A 42-year-old female presents with dyspepsia and regurgitation for 12 months. An upper GI endoscopy confirmed findings of Barrett's oesophagus with no evidence of dysplasia on biopsy. Which of the following is true regarding her management ?

- (1) UGIE every 6 months
- (2) Four-quadrant biopsy every 1 cm
- (3) Focused biopsy from areas of abnormality
- (4) All of these
- (5) Question not attempted

149. Which of the following is true about the epidemiology of carcinoma of oesophagus ?

- (1) Disease is equally prevalent in both genders.
- (2) Caustic ingestion significantly increased the risk for squamous cell carcinoma.
- (3) Plummer-Vinson syndrome is associated with adenocarcinoma.
- (4) Alcohol is a risk factor for both squamous cell carcinoma and adenocarcinoma.
- (5) Question not attempted

150. Which of the following is not a standard step for en-bloc oesophagectomy ?

- (1) Routine removal of mediastinal pleura.
- (2) Excision of the posterior surface of the pericardium.
- (3) Division of intercostal vessels.
- (4) Division of both vagus nerves.
- (5) Question not attempted

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