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MPA-25

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 : 16
Number of Pages in Booklet : 16
पुस्तिका में प्रश्नों की संख्या : 150
No. of Questions in Booklet : 150



Paper Code : 87

Sub : Plastic & Reconstructive Surgery

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त*

Exam Date 04/07/2025

अधिकतम अंक : 150

Time : 02:30 Hours + 10 Minutes Extra*

Maximum Marks : 150

प्रश्न-पुस्तिका के पेपर की सील/पॉलिथीन 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/objectation 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/व्हाईटनर/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 अध्यापक) 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. Which of the following is **not** a principle of closure and complex wound management ?
 - (1) Debridement of necrotic tissue
 - (2) Tension-free closure
 - (3) Use of appropriate suture materials
 - (4) Allowing the wound to heal by secondary intention in all cases
 - (5) Question not attempted
2. The paramedian forehead flap mainly receives its blood supply from :
 - (1) The supratrochlear vessels
 - (2) The supra-orbital vessels
 - (3) Vessels continuing from the angular branch of the facial artery
 - (4) Infra orbital vessels
 - (5) Question not attempted
3. What is the most commonly used free flap for total lower lip reconstruction ?
 - (1) Radial forearm free flap
 - (2) Anterolateral thigh (ALT) flap
 - (3) Gracilis free flap
 - (4) Fibular free flap
 - (5) Question not attempted
4. Which of the following biopsies should never be performed on lesions suspected of being melanoma ?
 - (1) Excisional Biopsy
 - (2) Shave Biopsy
 - (3) Incisional Biopsy
 - (4) Punch Biopsy
 - (5) Question not attempted
5. What is the most common complication of a radical neck dissection ?
 - (1) Chyle leak
 - (2) Shoulder dysfunction
 - (3) Wound infection
 - (4) Hematoma
 - (5) Question not attempted
6. What is the ideal distraction rate for craniofacial bones to achieve optimal bone formation ?
 - (1) 0.25 mm/day
 - (2) 0.5 mm/day
 - (3) 1.0 mm/day
 - (4) 2.0 mm/day
 - (5) Question not attempted
7. Crouzon syndrome is primarily characterized by which craniofacial abnormality ?
 - (1) Mandibular hypoplasia
 - (2) Premature fusion of cranial sutures (craniosynostosis)
 - (3) Midface hyperplasia
 - (4) Cleft lip and palate
 - (5) Question not attempted
8. Which among the following is a common complication following cleft palate repair ?
 - (1) Bleeding
 - (2) Respiratory obstruction
 - (3) Pain
 - (4) Palatal fistulas
 - (5) Question not attempted
9. Which of the following is **not** a component of the "Rule of 10s" for cleft lip repair ?
 - (1) 10 weeks of age
 - (2) 10 pounds of weight
 - (3) 10 cm head circumference
 - (4) 10 g/dL haemoglobin
 - (5) Question not attempted
10. The otic placode gives rise to which essential component of the inner ear ?
 - (1) Vestibulocochlear apparatus
 - (2) Tympanic membrane
 - (3) Auditory ossicles
 - (4) Eustachian tube
 - (5) Question not attempted
11. Which of the following best describes the ideal timing for secondary cleft rhinoplasty ?
 - (1) Before primary cleft lip repair
 - (2) At the time of primary cleft lip repair
 - (3) During adolescence after skeletal growth is complete
 - (4) At 2-4 years of age
 - (5) Question not attempted

12. What is the fundamental problem underlying Velopharyngeal Incompetence (VPI) ?
 - (1) Obstruction of the nasal airway
 - (2) Inadequate closure between the soft palate and the posterior pharyngeal wall during speech
 - (3) Excessive production of nasal secretions
 - (4) Weakness of the tongue muscles
 - (5) Question not attempted
13. The Mohler's unilateral complete cleft lip repair differs from traditional Millard's repair in :
 - (1) Downward rotation of the medial segment with back cut in upper lip.
 - (2) Downward rotation of the medial segment with back cut at the base of columella.
 - (3) Preservation of cupid's bow and philtral dimple.
 - (4) Advancing a lateral flap into the upper portion of the lip cleft.
 - (5) Question not attempted
14. In a complete bilateral cleft of the lip and palate, what is a typical characteristic of the premaxilla ?
 - (1) It is usually retruded.
 - (2) It typically lacks central incisors.
 - (3) It is often protruded and mobile.
 - (4) It is always fused to one of the lateral palatal shelves.
 - (5) Question not attempted
15. Secondary bone grafting is done at the time of
 - (1) Repair of cleft lip
 - (2) Before eruption of first molar
 - (3) Before eruption of second molar
 - (4) Before eruption of canine
 - (5) Question not attempted
16. In submucous cleft, there can be all except :
 - (1) Cleft uvula
 - (2) Displaced levator muscles
 - (3) Zona pellucida
 - (4) Palpable small tubercle (posterior nasal spine) in the posterior portion of the bony palate.
 - (5) Question not attempted
17. In the combined intra and extra cranial approach for reconstruction of orbital Hypertelorism, the orbital contents are attached to :
 - (1) Nasolacrimal duct
 - (2) Optic stalk
 - (3) Both Nasolacrimal duct & Optic stalk
 - (4) None of these
 - (5) Question not attempted
18. What is the primary genetic mutation responsible for Apert syndrome ?
 - (1) FGFR2 mutation
 - (2) TCOF1 mutation
 - (3) COL1A1 mutation
 - (4) SHH gene mutation
 - (5) Question not attempted
19. Bilateral Craniofacial Microsomia is distinguished from Treacher Collin Syndrome by
 - (1) Asymmetrical pathology
 - (2) Presence of well defined pattern of inheritance
 - (3) Absence of medial lower eyelashes
 - (4) Antegonial notching of the mandible
 - (5) Question not attempted
20. In cleft lip repair, what is a primary aim concerning the orbicularis orismuscle ?
 - (1) To completely detach and re-orient it
 - (2) To achieve maximum lengthening of its fibres
 - (3) To restore its continuity and normal orientation
 - (4) To excise any redundant muscle tissue
 - (5) Question not attempted
21. Goals of Naso-alveolar Molding (NAM) include all except :
 - (1) Approximation of lip and alveolar segment reducing alveolar gap to < 1 – 2 mm
 - (2) Reshaping the upper lateral nasal cartilages
 - (3) Uprighting and lengthening of columella upto 5 – 6 mm
 - (4) Reducing alar width base
 - (5) Question not attempted

22. Which of the following is the most common craniofacial syndrome associated with airway obstruction ?
 (1) Treacher Collins syndrome
 (2) Apert syndrome
 (3) Pfeiffer syndrome
 (4) Pierre Robin sequence
 (5) Question not attempted
23. The reference landmark in Tessier classification of craniofacial clefts is :
 (1) Nose (2) Orbit
 (3) Ear (4) Mouth
 (5) Question not attempted
24. What is the primary biological principle behind craniofacial distraction osteogenesis ?
 (1) Bone remodeling through resorption
 (2) Gradual mechanical traction stimulating new bone formation
 (3) Compression-induced bone necrosis
 (4) Bone graft incorporation via osteoconduction
 (5) Question not attempted
25. Embryologic development of face takes place between :
 (1) 1 to 3 weeks
 (2) 4 to 8 weeks
 (3) 9 to 12 weeks
 (4) 12 to 14 weeks
 (5) Question not attempted
26. Need of radiation after immediate breast reconstruction with implants can lead to higher rates of all except :
 (1) Capsular contraction
 (2) Reoperations
 (3) Wound healing problems
 (4) Implant salvage
 (5) Question not attempted
27. Which of the following breast augmentation implant placements is associated with the lowest risk of capsular contracture ?
 (1) Subglandular
 (2) Submuscular
 (3) Subfascial
 (4) Dual-plane
 (5) Question not attempted
28. In fat grafting for breast reconstruction, which factor best predicts long-term graft survival ?
 (1) Volume of fat injected per session
 (2) Centrifugation speed of fat processing
 (3) Injection technique
 (4) Donor site selection
 (5) Question not attempted
29. 'IDEAL Concept' after mastectomy in oncologic breast reconstruction is :
 (1) Immediate delayed autologous breast reconstruction
 (2) Intermediate delayed autologous breast reconstruction
 (3) Immediate direct autologous breast reconstruction
 (4) Intermediate direct autologous breast reconstruction
 (5) Question not attempted
30. In congenital breast deformities, which syndrome is associated with ipsilateral hand anomalies ?
 (1) Poland syndrome
 (2) Downs syndrome
 (3) Becker's Nevus syndrome
 (4) Noonan syndrome
 (5) Question not attempted
31. The axillary lymph node level classification is based on the relationship to which muscle ?
 (1) Pectoralis major
 (2) Pectoralis minor
 (3) Serratus anterior
 (4) Latissimus dorsi
 (5) Question not attempted
32. The small nipple-areola complex in a congenital hypoplastic breast remains in :
 (1) Caudal position
 (2) Normal position
 (3) Cephalad position
 (4) None of these
 (5) Question not attempted

33. Which breast implant type has the lowest risk of rupture ?
 (1) Saline implants
 (2) Smooth silicone implants
 (3) Textured silicone implants
 (4) Highly cohesive silicone implants
 (5) Question not attempted
34. The most common location of supernumerary breast formation is the
 (1) Axilla
 (2) Right inframammary crease
 (3) Left inframammary crease
 (4) All of these
 (5) Question not attempted
35. The optimal timing for Post-Mastectomy Radiation Therapy (PMRT) in relation to implant-based reconstruction is :
 (1) Before tissue expansion
 (2) After permanent implant placement
 (3) Before implant exchange
 (4) After complete tissue healing
 (5) Question not attempted
36. Relative contraindication for Oncoplastic Surgery (OPS) in early stage Breast Cancer is :
 (1) Extensive associated DCIS
 (2) Extensive disease located in medial breast
 (3) Large tumor to breast ratio
 (4) Lobular carcinomas
 (5) Question not attempted
37. Which of the following incisions is most commonly used in breast augmentation ?
 (1) Periareolar
 (2) Transaxillary
 (3) Inframammary
 (4) Transumbilical
 (5) Question not attempted
38. In implant-based breast reconstruction, which factor is most associated with an increased risk of anaplastic large cell lymphoma (BIA-ALCL) ?
 (1) Smooth silicone implants
 (2) Textured silicone implants
 (3) Saline implants
 (4) Prepectoral placement
 (5) Question not attempted
39. Chondrogladiolar and Chondromanubrial chest deformities fall under :
 (1) Pectus excavatum
 (2) Pectus carinatum
 (3) Sternal clefts
 (4) Poland Syndrome
 (5) Question not attempted
40. Which of the following is a disadvantage of implant based reconstruction after mastectomy ?
 (1) Short operation time
 (2) Presumably easy method
 (3) Short hospital stay
 (4) High long term complication rate
 (5) Question not attempted
41. Poland syndrome is characterized by the absence of which muscle ?
 (1) Serratus anterior
 (2) Pectoralis minor
 (3) Pectoralis major
 (4) Latissimus dorsi
 (5) Question not attempted
42. The most common late complication of radiation therapy in implant-based breast reconstruction is :
 (1) Fat necrosis
 (2) Wound dehiscence
 (3) Capsular contracture
 (4) Implant malposition
 (5) Question not attempted
43. The primary indication for a panniculectomy is :
 (1) Aesthetic contouring
 (2) Recurrent infections and rashes
 (3) Hernia repair
 (4) Skin necrosis
 (5) Question not attempted
44. Lisfrane amputation in foot involves :
 (1) Removal of part of metatarsals
 (2) Removal of all metatarsals
 (3) Removal of bones between ankle & mid foot
 (4) Removal of foot and ankle
 (5) Question not attempted

45. Which of the following flaps is **not** commonly used for hypospadias repair ?
 (1) Mathieu flap
 (2) Tubularized Incised Plate (TIP) flap
 (3) Onlay island flap
 (4) Henley flap
 (5) Question not attempted
46. An Ankle-Brachial Index (ABI) of less than 0.5 indicates :
 (1) Normal arterial flow
 (2) Mild arterial disease
 (3) Significant arterial disease
 (4) Venous insufficiency
 (5) Question not attempted
47. The most common cause of secondary lymphedema worldwide is :
 (1) Filariasis
 (2) Malignancy
 (3) Trauma
 (4) Venous insufficiency
 (5) Question not attempted
48. Metoidioplasty scores over phalloplasty in all except :
 (1) Shorter hospital stay
 (2) Minimal donor site morbidity
 (3) Erogenous sensitivity preservation
 (4) Phallus incapable of sexual penetration
 (5) Question not attempted
49. Fasciocutaneous flaps for pressure sore closure offer an advantage over musculocutaneous flaps in :
 (1) Adequate blood supply
 (2) Durable coverage
 (3) Minimal potential for a functional deformity
 (4) None of these
 (5) Question not attempted
50. An open fracture of tibia with a wound > 1 cm without extensive soft tissue damage classifies into :
 (1) Type I Gustilo
 (2) Type II Gustilo
 (3) Type III A Gustilo
 (4) Type III B Gustilo
 (5) Question not attempted
51. Which of the following abdominoplasty techniques is best suited for patients with significant skin laxity ?
 (1) Mini-abdominoplasty
 (2) Standard abdominoplasty
 (3) Extended abdominoplasty
 (4) Endoscopic abdominoplasty
 (5) Question not attempted
52. The most effective surgical treatment for advanced lower extremity lymphedema is :
 (1) Lymphovenous bypass
 (2) Liposuction
 (3) Debulking procedures
 (4) Lymph node transfer
 (5) Question not attempted
53. What is the gold standard for diagnosing vascular insufficiency in the lower extremity ?
 (1) Ankle-Brachial Index (ABI)
 (2) Doppler ultrasound
 (3) Angiography
 (4) Clinical examination
 (5) Question not attempted
54. The visual clue that open abdomen (wound dehiscence) following gastrointestinal surgery is ready for skin grafting is :
 (1) Discernible individual bowel loops amidst granulation tissue
 (2) Matted discernible bowel loops amidst abundant granulation tissue.
 (3) Discernible individual bowel loops amidst granulation tissue and Matted discernible bowel loops amidst abundant granulation tissue
 (4) None of these
 (5) Question not attempted
55. Which of the following patients is the best candidate for liposuction ?
 (1) A patient with generalized obesity
 (2) A patient with localized fat deposits and good skin tone
 (3) A patient with massive weight loss and skin excess
 (4) A patient with multiple lipomas
 (5) Question not attempted

56. A fleur-de-lis abdominoplasty is best suited for patients with :
- (1) Lower abdominal skin excess
 - (2) Significant vertical and horizontal skin excess
 - (3) Minor fat deposits without skin laxity
 - (4) Muscle separation only
 - (5) Question not attempted
57. The primary free flap of choice for total penile reconstruction is :
- (1) Lateral Arm flap
 - (2) Fibula Osteocutaneous flap
 - (3) Radial forearm flap
 - (4) Latissimus dorsi flap
 - (5) Question not attempted
58. The most common early complication of abdominoplasty is :
- (1) Seroma
 - (2) Wound dehiscence
 - (3) Hematoma
 - (4) Skin necrosis
 - (5) Question not attempted
59. The most commonly used flap for perineal reconstruction is-
- (1) VRAM flap
 - (2) ALT flap
 - (3) Gluteal flap
 - (4) Scapular flap
 - (5) Question not attempted
60. Which of the following is true regarding Sunderland classification of nerve injury ?
- (1) Grade III injury includes axonotmesis with preserved perineurium
 - (2) Grade I involves complete transaction
 - (3) Grade V is the least severe
 - (4) Grade II involves only the myelin
 - (5) Question not attempted
61. The most reliable test for an ulnar nerve injury is :
- (1) Froment's sign
 - (2) Phalen's test
 - (3) Tinel's sign
 - (4) Allen's test
 - (5) Question not attempted
62. Kanavel's signs are indicative of :
- (1) Felon
 - (2) Pyogenic flexor tenosynovitis
 - (3) Septic arthritis
 - (4) Deep palmar space infection
 - (5) Question not attempted
63. The Grayson's ligaments (components of the digital fascia) that anchor the axial plane skin lie :
- (1) Palmar to the neurovascular bundles
 - (2) Dorsal to the neurovascular bundles
 - (3) Both Palmar to the neurovascular bundles & Dorsal to the neurovascular bundles
 - (4) None of these
 - (5) Question not attempted
64. The most common cause of chronic paronychia is :
- (1) Bacterial infection
 - (2) Fungal infection
 - (3) Repetitive trauma
 - (4) Psoriasis
 - (5) Question not attempted
65. Advantage of regional block anaesthesia in upper limb is :
- (1) Time interval for its full effectiveness
 - (2) Risk of incomplete anaesthesia
 - (3) Limited tourniquet time
 - (4) Relative ease of administration
 - (5) Question not attempted
66. What is the primary goal of skeletal fixation in hand surgery ?
- (1) To allow immediate mobilization
 - (2) To achieve rigid stability for bone healing
 - (3) To reduce postoperative pain
 - (4) To prevent infection
 - (5) Question not attempted
67. A ventral chip fracture from the base of phalanges and metacarpals in hand is best viewed roentgenographically in :
- (1) Posteroanterior view
 - (2) Anteroposterior view
 - (3) Oblique view
 - (4) Lateral view
 - (5) Question not attempted

68. Which test is used to diagnose scapholunate ligament injury ?
 (1) Finkelstein's test
 (2) Watson's test
 (3) Phalen's test
 (4) Tinel's sign
 (5) Question not attempted
69. Which of the following is a general principle of hand surgery ?
 (1) Maximize incisions for better visualization
 (2) Handle tissues gently to minimize trauma
 (3) Use non-absorbable sutures for all repairs
 (4) Delay rehabilitation to ensure adequate healing
 (5) Question not attempted
70. Which of the following is a characteristic of Kienböck's disease ?
 (1) Avascular necrosis of the lunate
 (2) Scapholunate ligament rupture
 (3) Compression of the median nerve
 (4) Arthritis of the carpometacarpal joint
 (5) Question not attempted
71. The unique advantage of Osteoplastic thumb reconstruction in partial or distal subtotal amputation is
 (1) Multistage procedure
 (2) Absence of thumbnail
 (3) No digit sacrifice
 (4) Lack of sensitivity
 (5) Question not attempted
72. The preferred method for treating a Mallet finger with no fracture involvement is :
 (1) Surgery
 (2) Continuous splinting
 (3) Steroid injection
 (4) Physical therapy
 (5) Question not attempted
73. Which of the following structures that receive new identities in Pollicisation technique of Thumb reconstruction is incorrectly matched ?
 (1) Extensor digitorum communis – Abductor pollicis longus
 (2) Extensor indicis – Extensor pollicis brevis
 (3) First Palmar interosseous – Adductor pollicis
 (4) Metacarpal Head – Trapezium
 (5) Question not attempted
74. Which anesthetic technique is generally preferred for a distal radius fracture in the upper extremity ?
 (1) General anesthesia
 (2) Local infiltration
 (3) Regional nerve block
 (4) Spinal anesthesia
 (5) Question not attempted
75. The number of zones that help to divide specific treatment and therapy in Extensor Tendon injuries are :
 (1) 3 (2) 5
 (3) 7 (4) 9
 (5) Question not attempted
76. A Jersey finger is caused by avulsion of which tendon ?
 (1) Extensor pollicis longus
 (2) Flexor digitorum profundus
 (3) Flexor digitorum superficialis
 (4) Extensor digitorum
 (5) Question not attempted
77. Which of the following is **not** typically considered a component of upper limb biomechanics ?
 (1) Kinematics
 (2) Kinetics
 (3) Material properties of tissues
 (4) Gastric motility
 (5) Question not attempted

78. Of the Sunderland's five degrees of severity of Brachial Plexus injury, which degree/degrees will benefit from surgical exploration and microsurgical repair?
- (1) Degree 1
 - (2) Degree 2
 - (3) Degree 2 and 3
 - (4) Degree 4 and 5
 - (5) Question not attempted
79. During an upper extremity examination, which of the following is the most important to assess initially?
- (1) Range of motion
 - (2) Vascular status
 - (3) Sensory function
 - (4) Patient's pain level
 - (5) Question not attempted
80. The most common congenital hand anomaly is:
- (1) Syndactyly
 - (2) Polydactyly
 - (3) Radial longitudinal deficiency
 - (4) Macrodactyly
 - (5) Question not attempted
81. Which is the most common malignant tumor in the hand?
- (1) Osteosarcoma
 - (2) Chondrosarcoma
 - (3) Squamous cell carcinoma
 - (4) Synovial sarcoma
 - (5) Question not attempted
82. Realistic goals in the management of Atypical Cleft Hand are all except:
- (1) Creation of a basic hand with mobile thumb
 - (2) Deepened central cleft to improve grip
 - (3) One digit or post as a requirement for opposition
 - (4) Late excision of rudimentary nubbins
 - (5) Question not attempted
83. Which of the following is **not** a common cause of lymphoedema of the upper limb?
- (1) Breast cancer surgery
 - (2) Filariasis
 - (3) Trauma
 - (4) Dupuytren's contracture
 - (5) Question not attempted
84. Treatment of 'Delta Phalanx' include all except:
- (1) Opening wedge osteotomy
 - (2) Bone graft
 - (3) Centralisation of flexor & extensor tendon
 - (4) Distally based dorsal flap in Z plasty
 - (5) Question not attempted
85. Which of the following is a characteristic feature of syndromic syndactyly?
- (1) Unilateral involvement
 - (2) Isolated to hands only
 - (3) Can be associated with craniosynostosis and brachycephaly
 - (4) Autosomal recessive inheritance
 - (5) Question not attempted
86. Distinguishing characteristic of proximal median nerve neuropathy is
- (1) Weakness or absence of forearm pronation
 - (2) Worsening of symptoms at night
 - (3) Exacerbation of symptoms with repetitive wrist movements.
 - (4) Weakness in thumb abduction and opposition
 - (5) Question not attempted
87. Incision for surgical access to the Carpal tunnel should be placed at:
- (1) Ulnar side of Palmaris longus and third metacarpal and remaining on radial side of ulnar artery.
 - (2) Radial side of Palmaris longus and ulnar side of Radial Artery.
 - (3) Radial side of third metacarpal and ulnar artery
 - (4) Ulnar side of third metacarpal and ulnar artery
 - (5) Question not attempted

88. Rose bud hand is a feature in :
 (1) Crouzon syndrome
 (2) Apert syndrome
 (3) Pfeiffer syndrome
 (4) Wartenberg's syndrome
 (5) Question not attempted
89. The most common benign soft tissue tumor of the hand is :
 (1) Lipoma
 (2) Schwannoma
 (3) Giant cell tumor
 (4) Glomus tumor
 (5) Question not attempted
90. The most common type of polydactyly involves :
 (1) Thumb
 (2) Little finger
 (3) Index finger
 (4) Middle finger
 (5) Question not attempted
91. Which of the following is the commonest soft tissue tumors of hand ?
 (1) Fibroma
 (2) Ganglion
 (3) Giant cell tumor
 (4) Vascular malformation
 (5) Question not attempted
92. What is the most common location for a ganglion cyst in the wrist ?
 (1) Volar radial aspect
 (2) Dorsal scapholunate ligament
 (3) Ulnar carpal tunnel
 (4) Guyon's canal
 (5) Question not attempted
93. Which malignant tumor of the upper limb is characterized by a translocation involving the SYT gene on chromosome 18 ?
 (1) Synovial sarcoma
 (2) Epithelioid sarcoma
 (3) Liposarcoma
 (4) Malignant peripheral nerve sheath tumor
 (5) Question not attempted
94. Which of the following is not a characteristic feature of Windblown hand syndrome ?
 (1) Flexion contractures of the fingers
 (2) Adduction contracture of the thumb
 (3) Ulnar deviation of fingers
 (4) Syndactyly
 (5) Question not attempted
95. Which muscle is primarily responsible for compressing the posterior interosseous nerve in Radial Tunnel Syndrome ?
 (1) Pronator teres
 (2) Supinator
 (3) Flexor carpi ulnaris
 (4) Palmaris longus
 (5) Question not attempted
96. Which of the following is the most commonly affected tendon in leprosy-related hand deformities ?
 (1) Flexor pollicis longus
 (2) Extensor digitorum
 (3) Adductor pollicis
 (4) Flexor digitorum superficialis
 (5) Question not attempted
97. The most common cause of trigger finger is :
 (1) Rheumatoid arthritis
 (2) Stenosing tenosynovitis
 (3) Trauma
 (4) Congenital abnormality
 (5) Question not attempted
98. What is the most common genetic mutation associated with Apert syndrome ?
 (1) FGFR1 mutation
 (2) FGFR2 mutation
 (3) HOXD13 mutation
 (4) PAX3 mutation
 (5) Question not attempted
99. Dupuytren's contracture primarily affects which tissue ?
 (1) Flexor tendons
 (2) Extensor tendons
 (3) Palmar fascia
 (4) Joint capsules
 (5) Question not attempted

100. Riding breeches or saddle bag deformity with reference to thighplasty is a :
- (1) Type I deformity
 - (2) Type II deformity
 - (3) Type III deformity
 - (4) Type IV deformity
 - (5) Question not attempted
101. Most common smiling pattern is
- (1) Mona Lisa pattern
 - (2) Canine smile pattern
 - (3) Gummy smile pattern
 - (4) Exaggerated Mona Lisa smile pattern
 - (5) Question not attempted
102. In the context of facial aging and midface rejuvenation, the surgical significance of the zygomatic and masseteric cutaneous ligaments is primarily their role in :
- (1) Facilitating the smooth gliding of superficial fascia over deeper structures
 - (2) Acting as fixation points that resist gravitational descent of facial soft tissue, particularly the malar pad and lower cheek
 - (3) Defining the boundaries of superficial subcutaneous fat compartments, influencing the spread of injected substances
 - (4) Providing a consistent plane for subSMAS dissection during extended facelift procedures
 - (5) Question not attempted
103. Indications for Neck Rejuvenation with Suture Suspension Platysmaplasty include all except :
- (1) Obtuse cervicomenal angle
 - (2) Absence of smooth jaw line
 - (3) Laxity of midface structures
 - (4) Mild to moderate jowling and neck fat
 - (5) Question not attempted
104. All of the following can be corrected by botulinum toxin except
- (1) Forehead rhytids
 - (2) Glabellar furrowing
 - (3) Crow's feet
 - (4) Facial jowls
 - (5) Question not attempted
105. The surgical technique of splitting the nasal tip in secondary rhinoplasty aims to :
- (1) Directly visualize and excise excess cartilage in the nasal domes
 - (2) Facilitate the placement of a large columellar strut graft for enhanced tip support
 - (3) Thin the skin envelope to better define the underlying cartilaginous framework
 - (4) Increase tip projection by releasing the attachment between the upper lateral cartilages and the lateral crura, creating a mobile tip complex
 - (5) Question not attempted
106. All are true for secondary facelift procedures as goals :
- (1) Relift the face and neck
 - (2) Remove primary face lift scars
 - (3) Preserve maximum temporal and side burn hair
 - (4) Dissection usually more difficult than primary dissection.
 - (5) Question not attempted
107. The primary blood supply to the nasal tip comes from which artery ?
- (1) Infraorbital artery
 - (2) Dorsal nasal artery
 - (3) Angular artery
 - (4) Superior labial artery
 - (5) Question not attempted

108. When performing a "high SMAS" facelift, the key anatomical consideration that allows for safe elevation of the SMAS flap superior to the zygomatic arch is the understanding of :
- (1) The consistent thickness of the SMAS layer throughout the cheek and temporal regions
 - (2) The point at which the temporal branches of the facial nerve transition from a deep to a superficial plane, typically 1.5 – 3.0 cm superior to the zygomatic arch
 - (3) The direct insertion of the upper SMAS into the zygomatic arch, providing a safe dissection plane
 - (4) The superficial course of the temporal branch of the facial nerve directly over the zygomatic arch
 - (5) Question not attempted
109. Which of the following is an absolute contraindication to rhinoplasty ?
- (1) History of nasal trauma
 - (2) Chronic sinusitis
 - (3) Body dysmorphic disorder
 - (4) Deviated nasal septum
 - (5) Question not attempted
110. The fundamental principle differentiating the MACS lift from a traditional SMAS-lift, primarily lies in its :
- (1) Reliance on extensive SMASectomy for facial rejuvenation
 - (2) Utilisation of sheet tightening of the SMAS to counteract ptosis
 - (3) Application of suture loop suspension to a cranial anchoring point for tissue elevation
 - (4) Predominant subcutaneous dissection without deep fascial manipulation
 - (5) Question not attempted
111. In the context of chemical peels, the self-neutralising nature of trichloroacetic acid (TCA) implies that the depth of the peel is primarily determined by :
- (1) The skin thickness of the body area
 - (2) The duration of contact between the TCA solution and the skin
 - (3) The amount of protein coagulation and denaturation achieved in the epidermis and dermis, with subsequent applications driving the peel deeper
 - (4) None of these
 - (5) Question not attempted
112. Which of the following is the most commonly used technique for upper blepharoplasty ?
- (1) Transconjunctival approach
 - (2) Skin-muscle resection
 - (3) Fat-sparing technique
 - (4) Preseptal approach
 - (5) Question not attempted
113. Which of the following complications is rarely seen in foreheadplasty ?
- (1) Scalp scarring and alopecia
 - (2) Frontal muscle palsy
 - (3) Haematoma
 - (4) Permanent alteration of scalp sensation
 - (5) Question not attempted
114. To protect cornea from exposure and erosion in a conjunct forehead lift and blepharoplasty, which of the following may be undertaken post-operatively ?
- (1) Use of lubricating eye ointment during sleep
 - (2) Temporary lateral tarsorrhaphy
 - (3) Use of lubricating eye ointment during sleep or Temporary lateral tarsorrhaphy
 - (4) None of these
 - (5) Question not attempted
115. The "SMAS" layer, which is manipulated in facelifts, stands for :
- (1) Subcutaneous Muscular and Adipose System
 - (2) Superficial Musculoaponeurotic System
 - (3) Superficial Myofascial Aesthetic Structure
 - (4) Submental Musculoaponeurotic Segment
 - (5) Question not attempted

116. In the context of 'History of Plastic Surgery in India', "Ashtanga Hridaya Samhita" was written by
 (1) Sushruta
 (2) Devadas
 (3) Vagbhat
 (4) Maharishi Atreya
 (5) Question not attempted
117. Which laser is commonly used for skin resurfacing?
 (1) Argon laser
 (2) CO₂ laser
 (3) Helium-neon laser
 (4) Ruby laser
 (5) Question not attempted
118. CRISPR, a genome editing tool in genetics, also known as genetic scissors denotes:
 (1) Collected regularly interspaced short palindromic repeats
 (2) Clustered regularly interspaced short palindromic repeats
 (3) Collected regularly interspaced short palindromic reports
 (4) Clustered regularly interspaced short palindromic reports
 (5) Question not attempted
119. Obtaining informed consent in clinical ethics is a part of the principle of
 (1) Beneficence
 (2) Non-maleficence
 (3) Autonomy
 (4) Justice
 (5) Question not attempted
120. Which suture material is most commonly used for microsurgical vessel anastomosis?
 (1) 3-0 Nylon
 (2) 5-0 Polypropylene
 (3) 8-0 Nylon
 (4) 2-0 Silk
 (5) Question not attempted
121. What is the primary application of fat grafting in plastic surgery?
 (1) Reducing scar tissue
 (2) Increasing blood flow
 (3) Decreasing inflammation
 (4) Tissue repair and/or augmentation
 (5) Question not attempted
122. Which of the following dressings is best suited for exudative wounds?
 (1) Hydrocolloid
 (2) Foam dressing
 (3) Non-adherent gauze
 (4) Silicone gel sheet
 (5) Question not attempted
123. What is the maximum rate of nerve regeneration following any repair technique?
 (1) 0.5 mm/day
 (2) 1 mm/day
 (3) 2 mm/day
 (4) 2.5 mm/day
 (5) Question not attempted
124. Clinical situations amenable to Negative Pressure Wound therapy include all except:
 (1) Lymphatic leaks
 (2) Diabetic wounds
 (3) Ischaemic wounds
 (4) Venous stasis ulcers
 (5) Question not attempted
125. Pivot Point is common to all except:
 (1) Rotation flap
 (2) Free flap
 (3) Transposition flap
 (4) Interpolation flap
 (5) Question not attempted
126. Use of muscle as free tissue transfer include all except:
 (1) Limited regional options for muscle rotation
 (2) Volume of defect is lesser than what local tissues can reconstruct
 (3) Functional deficits from using regional supply of muscle limiting the outcome.
 (4) For infectious or prosthetic coverage even when local fasciocutaneous coverage can be done.
 (5) Question not attempted
127. What is the primary collagen type found in mature scars?
 (1) Type I (2) Type II
 (3) Type III (4) Type IV
 (5) Question not attempted

128. What is the purpose of cephalometric analysis in facial surgery ?
- (1) To measure the size of the nose as compared to rest of the face
 - (2) To analyze the skeletal relationships of the face
 - (3) To assess skin pigmentation and wrinkling
 - (4) To evaluate skin texture
 - (5) Question not attempted
129. Which suture technique minimizes tension across the wound ?
- (1) Simple interrupted
 - (2) Vertical mattress
 - (3) Running subcuticular
 - (4) Purse-string
 - (5) Question not attempted
130. What is the main mechanism of take in skin grafts during the first 48 hours ?
- (1) Capillary ingrowth
 - (2) Plasmatic imbibition
 - (3) Lymphatic regeneration
 - (4) Collagen synthesis
 - (5) Question not attempted
131. Aids in diagnosis of inhalational injury in thermal burns include all except :
- (1) Singed brows, facial or nasal hair
 - (2) Stridor, hoarseness, drooling
 - (3) Exposure in an open space
 - (4) Soot or carbonaceous material in sputum
 - (5) Question not attempted
132. What is the maximum safe dose of lidocaine with epinephrine ?
- (1) 3 mg/kg (2) 5 mg/kg
 - (3) 7 mg/kg (4) 10 mg/kg
 - (5) Question not attempted
133. What is the primary goal of laser treatment for scar management ?
- (1) Complete scar removal
 - (2) Inducing inflammation
 - (3) Promoting collagen remodeling
 - (4) Blocking blood vessel formation
 - (5) Question not attempted
134. Plane between the superior portion of external auditory meatus (Portion) and the inferior orbital rim (orbitale) in cephalometry is :
- (1) Maxillary plane
 - (2) Frankfurt plane
 - (3) Occlusal plane
 - (4) Mandibular plane
 - (5) Question not attempted
135. Lindbergh operation, the first complete telesurgical transatlantic robotic performed procedure is a :
- (1) Colectomy
 - (2) Cholecystectomy
 - (3) Appendicectomy
 - (4) Hernioplasty
 - (5) Question not attempted
136. Which of the following is the most commonly used technique for correcting prominent ears in otoplasty ?
- (1) Mustarde technique
 - (2) Converse technique
 - (3) Brent technique
 - (4) Nagata technique
 - (5) Question not attempted
137. Which of the following is incorrect when gracilis muscle is used in dynamic reconstruction of facial nerve paralysis ?
- (1) Muscle is expendable.
 - (2) Incision is not readily visible.
 - (3) Leaves donor functional deficit.
 - (4) Two surgical teams can work simultaneously as the two sites are distant.
 - (5) Question not attempted
138. The platysma flap is primarily supplied by which artery ?
- (1) External carotid artery
 - (2) Facial artery
 - (3) Submental artery
 - (4) Transverse cervical artery
 - (5) Question not attempted
139. Which nerve is at greatest risk of injury during dissection of Level V lymph nodes ?
- (1) Phrenic nerve
 - (2) Spinal accessory nerve
 - (3) Hypoglossal nerve
 - (4) Vagus nerve
 - (5) Question not attempted

140. The common plane of Scalp Avulsion injuries is :
- (1) Pericranium
 - (2) Loose areolar tissue
 - (3) Galea aponeurotica
 - (4) Subcutaneous tissue & skin
 - (5) Question not attempted
141. All are true of jejunal free flap in pharyngo-oesophageal reconstruction except :
- (1) Abundance of tissue
 - (2) Flexibility of reconstruction of any size defect
 - (3) Intolerance to external beam irradiation
 - (4) Provides a conduit for swallowing
 - (5) Question not attempted
142. What is the anatomical relevance of the corrugator muscle in forehead flap design ?
- (1) It houses lymphatic drainage.
 - (2) It is an origin for sensory innervation.
 - (3) It partially envelops the supratrochlear vessels.
 - (4) It blocks venous drainage.
 - (5) Question not attempted
143. The critical timing for pedicle division in the two-stage forehead flap typically occurs :
- (1) 10-12 days post-transfer
 - (2) After 24 hours
 - (3) 3-4 weeks post-transfer
 - (4) After 2 months minimum
 - (5) Question not attempted
144. Which of the following is the most important consideration when planning a complex scalp reconstruction after a traumatic avulsion ?
- (1) Preserving or restoring hair-bearing tissue
 - (2) Immediate skin grafting to prevent infection
 - (3) Achieving complete wound closure, regardless of tissue type
 - (4) Ensuring adequate bone coverage
 - (5) Question not attempted
145. Resection of Maxillary arch, palate, anterior & lateral wall of orbit with preservation of orbital floor is classified as
- (1) Type I Maxillary defect
 - (2) Type II Maxillary defect
 - (3) Type III-A Maxillary defect
 - (4) Type III-B Maxillary defect
 - (5) Question not attempted
146. Which of the following is the most common type of facial fracture in adults ?
- (1) Mandibular fracture
 - (2) Nasal fracture
 - (3) Zygomatic fracture
 - (4) Frontal sinus fracture
 - (5) Question not attempted
147. The masseteric nerve is commonly used for :
- (1) Synkinesis correction
 - (2) Dynamic smile reanimation
 - (3) Treatment of Bell's palsy
 - (4) Orbicularis oculi reinnervation
 - (5) Question not attempted
148. What is the role of tissue expansion in head and neck reconstruction ?
- (1) To provide additional skin for closure
 - (2) To improve skin quality
 - (3) To minimize scarring
 - (4) All of these
 - (5) Question not attempted
149. The most common site of distant metastasis in head and neck squamous cell carcinoma is :
- (1) Liver
 - (2) Brain
 - (3) Lungs
 - (4) Bones
 - (5) Question not attempted
150. What is the primary consideration when designing a scapular flap for head and neck reconstruction ?
- (1) Length of the pedicle
 - (2) Bulk of the soft tissue
 - (3) Presence of an osseous component
 - (4) Ease of donor site closure
 - (5) Question not attempted

