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MPA-25

पुस्तिका में पृष्ठों की संख्या : 24

Number of Pages in Booklet : 24

पुस्तिका में प्रश्नों की संख्या : 150

No. of Questions in Booklet : 150

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.

Paper Code : 62

Sub : Paediatric Surgery

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त*

Exam Date 03/07/2025

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 करेशन 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 अध्यापय) 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 सौंपें, 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 सौंपें, 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 statements is incorrect regarding paediatric airway anatomy ?
- (1) Larynx is higher and more anterior than that of adults.
 - (2) Vocal cords are more fragile and easily damaged.
 - (3) Paediatric epiglottis is shorter and less flexible.
 - (4) Narrowest point in the paediatric airway is glottis.
 - (5) Question not attempted
2. Which statement is incorrect regarding chest injuries in children ?
- (1) Ribs are strong and pliable
 - (2) Rib fractures are less common in children than adults
 - (3) Fractures of ribs in children require a great deal of force
 - (4) Flail chest in children is very common
 - (5) Question not attempted
3. Most common fracture associated with birth trauma is
- (1) Cervical spine
 - (2) Clavicle
 - (3) Humerus
 - (4) Femur
 - (5) Question not attempted
4. 'Triangular cord sign' in ultrasonography of abdomen is indicative of
- (1) Biliary atresia
 - (2) Malrotation of gut
 - (3) Meconium ileus
 - (4) Neonatal hepatitis
 - (5) Question not attempted
5. Echogenic non-reniform shaped kidney with multiple non-communicating cysts of diverse sizes, lack of an identifiable renal sinus on ultrasonography is the characteristic feature of
- (1) Autosomal recessive polycystic kidney
 - (2) Congenital mesoblastic nephroma
 - (3) Cystic nephroma
 - (4) Multicystic dysplastic kidney
 - (5) Question not attempted
6. As per American Pediatric Surgical Association Trauma Committee guidelines, the patient of isolated Spleen or Liver Injury Grade II requires a hospital stay of
- (1) 3 days
 - (2) 5 days
 - (3) 7 days
 - (4) 10 days
 - (5) Question not attempted

7. According to ALARA (As Low As Reasonably Achievable) principles in pediatric imaging, which of the following is NOT a recommended practice ?
- (1) Using lower radiation doses in pediatric CT scans
 - (2) Preferring ultrasound and MRI over CT when possible.
 - (3) Using shielding and collimation to minimize radiation exposure.
 - (4) Routinely performing whole-body CT scans for minor injuries.
 - (5) Question not attempted
8. The DNA Index of 1.0 is seen in
- (1) Aneuploid cells
 - (2) Diploid cells
 - (3) Hyperdiploid cells
 - (4) Near-triploid cells
 - (5) Question not attempted
9. Highest sensitivity and specificity of all the molecular diagnostic techniques is seen in
- (1) Cytogenetics
 - (2) Karyotyping
 - (3) Fluorescence in situ hybridization (FISH)
 - (4) PCR and RTPCR
 - (5) Question not attempted
10. Presence of TP53 mutation are strongly associated with
- (1) Anaplastic Wilms' tumour
 - (2) Monophasic Wilms' tumour
 - (3) Biphasic Wilms' tumour
 - (4) Triphasic Wilms' tumour
 - (5) Question not attempted
11. What is the characteristic histologic finding in retinoblastoma ?
- (1) Homer-Wright rosettes
 - (2) Flexner-Wintersteiner rosettes
 - (3) Pseudopalisading necrosis
 - (4) Spindle cell proliferation
 - (5) Question not attempted
12. According to COG chemotherapy regimens for unilateral Wilms' tumour in Regimen DD4-A the agents are
- (1) Vincristine and Dactinomycin only
 - (2) Vincristine, Cyclophosphamide, Etoposide plus RT
 - (3) Vincristine, Dactinomycin, Doxorubicin plus RT
 - (4) Vincristine, Carboplatin, Doxorubicin, Etoposide plus RT
 - (5) Question not attempted

13. Identify the correct statement about annotation factors for Hepatoblastoma.
- (1) Portal vein involvement
 - (2) Extrahepatic abdominal disease
 - (3) Falciform ligament involvement
 - (4) Renal vein involvement
 - (5) Question not attempted
14. What is the most common histologic subtype of rhabdomyosarcoma in children?
- (1) Alveolar rhabdomyosarcoma
 - (2) Embryonal rhabdomyosarcoma
 - (3) Pleomorphic rhabdomyosarcoma
 - (4) Spindle cell rhabdomyosarcoma
 - (5) Question not attempted
15. Near triploid cells have a DNA index of
- (1) 0.1 – 0.5
 - (2) 0.6 – 1.1
 - (3) 1.2 – 1.7
 - (4) More than 2
 - (5) Question not attempted
16. What is the most common site for metastasis in osteosarcoma?
- (1) Liver
 - (2) Brain
 - (3) Lungs
 - (4) Bone marrow
 - (5) Question not attempted
17. From prognosis point of view, which is the most favourable site for Rhabdomyosarcoma?
- (1) Orbit
 - (2) Bladder-prostate
 - (3) Trunk
 - (4) Paranasal sinus
 - (5) Question not attempted
18. All of the following factors are highly associated with testicular cancer in children except
- (1) Undescended testis
 - (2) Contralateral Testicular Germ Cell Tumour
 - (3) Gonadal dysgenesis
 - (4) Testicular atrophy
 - (5) Question not attempted
19. The factor associated with the lowest risk of local tumour relapse in children with Wilms' tumour is :
- (1) Local tumour spill
 - (2) Renal sinus involvement
 - (3) Unfavourable histology
 - (4) Failure to sample the lymph node
 - (5) Question not attempted

20. What is the most common type of primary liver cancer in children less than 5 years of age ?

- (1) Hepatocellular carcinoma
- (2) Hepatoblastoma
- (3) Angiosarcoma
- (4) Undifferentiated embryonal sarcoma
- (5) Question not attempted

21. Which of the following is NOT a common paraneoplastic syndrome associated with neuroblastoma ?

- (1) Opsoclonus-myoclonus syndrome
- (2) Hypertension due to catecholamine secretion
- (3) Hypercalcemia
- (4) Diarrhoea due to vasoactive intestinal peptide secretion
- (5) Question not attempted

22. Which pediatric malignancy is associated with aniridia and genitourinary anomalies ?

- (1) Neuroblastoma
- (2) Wilms' tumour
- (3) Rhabdomyosarcoma
- (4) Ewing sarcoma
- (5) Question not attempted

23. Which of the following is not used for Cleft lip repair ?

- (1) Millard's repair
- (2) Tennison's repair
- (3) Le Mesurier's repair
- (4) Langenback's repair
- (5) Question not attempted

24. What is the most reliable clinical finding to distinguish a thyroglossal duct cyst from other neck masses ?

- (1) Tenderness on palpation
- (2) Movement with swallowing
- (3) Movement with tongue protrusion
- (4) Presence of a draining sinus
- (5) Question not attempted

25. The two most important muscles of palate for speech are

- (1) Palatoglossus and Palatopharyngeus
- (2) Tensor Veli Palatini and Levator Veli Palatini
- (3) Musculus Uvulae and Palatoglossus
- (4) Musculus Uvulae and Palatopharyngeus
- (5) Question not attempted

26. A 3-month-old infant presents with a unilateral cleft lip. The parents are concerned about the timing of surgical repair. Based on standard treatment protocols, what is the recommended age for cleft lip repair in such cases ?
- (1) At birth
 - (2) Between 3 to 6 months of age
 - (3) At 1 year of age
 - (4) After 2 years of age
 - (5) Question not attempted
27. Failure of which embryological process leads to cleft lip ?
- (1) Fusion of lateral palatine shelves.
 - (2) Fusion of nasomedial and nasolateral prominences with the maxillary prominence.
 - (3) Fusion of the nasal septum and palatal shelves.
 - (4) Closure of the secondary palate.
 - (5) Question not attempted
28. Which syndrome is associated with preauricular pits and branchial arch anomalies ?
- (1) Treacher Collins syndrome
 - (2) Goldenhar syndrome
 - (3) Branchio-oto-renal syndrome
 - (4) Pierre Robin sequence
 - (5) Question not attempted
29. Which statement regarding cleft lip & cleft palate is true ?
- (1) Child with isolated cleft palate has 50% incidence of associated syndromes.
 - (2) Child with isolated cleft lip has 20% incidence of associated syndromes.
 - (3) Child of cleft lip with cleft palate has 20% incidence of associated syndromes.
 - (4) Child with cleft lip has no associated syndromes.
 - (5) Question not attempted
30. What is the standard initial treatment for a symptomatic lymphatic malformation in the neck ?
- (1) Surgical excision
 - (2) Observation
 - (3) Sclerotherapy
 - (4) Radiation therapy
 - (5) Question not attempted
31. In Pierre Robin sequence the basic aetiology is
- (1) Glossoptosis
 - (2) Cleft palate
 - (3) Mandibular hypoplasia
 - (4) Macroglossia
 - (5) Question not attempted

32. All of the following are true about sternomastoid tumour and torticollis in neonate and infant except

- (1) Sternomastoid tumour is present at birth.
- (2) Face and chin are rotated away from the affected side.
- (3) Histologically the lesion is endomysial fibrosis.
- (4) Skull deformity plagiocephaly develops due to torticollis.
- (5) Question not attempted

33. What is the most appropriate management for a thyroglossal duct cyst with evidence of infection ?

- (1) Immediate surgical excision
- (2) Incision and drainage followed by antibiotics
- (3) Antibiotics alone
- (4) Wide excision of the abscess and cyst
- (5) Question not attempted

34. The best diagnostic modality for diagnosis of choanal atresia is

- (1) Plain radiograph
- (2) Plain radiograph with contrast in nasal cavity
- (3) CT scan of paranasal sinus and skull base including nasal cavity
- (4) MRI of paranasal sinuses
- (5) Question not attempted

35. Which of the following statements about Congenital Cystic Adenomatoid Malformation (CCAM) are true ?

- A. CCAM is characterized by adenomatoid proliferation of terminal bronchioles.
- B. It has a significant association with vertebral anomalies.
- C. Type I CCAM contains large cysts.
- D. Prenatal CCAM with a CVR (CCAM Volume Ratio) >1.6 carries a high risk of fetal hydrops.

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

36. The most common muscle absent in Poland syndrome is

- (1) Pectoralis minor
- (2) Sternocostal part of Pectoralis major
- (3) Serratus anterior
- (4) Latissimus dorsi
- (5) Question not attempted

37. All of the following are true about intralobar sequestration except

- (1) They do not have bronchial connection to native tracheobronchial tree.
- (2) They have venous drainage in pulmonary venous system.
- (3) Shares visceral pleural investment with normal lung.
- (4) The arterial supply is via pulmonary artery.
- (5) Question not attempted

38. The risk of hydrops is increased in fetus if the CCAM Volume Ratio (CVR) is greater than

- (1) 0.8
- (2) 1
- (3) 1.4
- (4) 1.6
- (5) Question not attempted

39. What is the most appropriate surgical intervention for life-threatening airway obstruction caused by severe laryngomalacia ?

- (1) Laryngotracheal reconstruction
- (2) Tracheotomy
- (3) Supraglottoplasty
- (4) Cricothyrotomy
- (5) Question not attempted

40. The light criteria for complicated Parapneumonic Effusion (PPE) are all of the following except :

- (1) pH less than 7.2 of pleural fluid.
- (2) Glucose <40 mg/dl or <25% of blood glucose in pleural fluid.
- (3) LDH <1000 unit in pleural fluid.
- (4) Loculation or septations documented with imaging.
- (5) Question not attempted

41. The most important factor for preventing reflux of gastric contents in oesophagus is

- (1) Gravity
- (2) Lower Oesophageal Sphincter
- (3) Angle of His
- (4) Intrathoracic pressure
- (5) Question not attempted

42. Which of the following is the most common cause of Oesophageal perforation in neonates ?

- (1) Foreign body ingestion
- (2) Endoscopic instrumentation
- (3) Prolonged intubation
- (4) Oesophageal atresia repair
- (5) Question not attempted

43. A severe left congenital diaphragmatic hernia is characterized by an O/E-LHR of

- (1) Less than 25%
- (2) Less than 40%
- (3) Less than 50%
- (4) Less than 60%
- (5) Question not attempted

44. Which oesophageal replacement technique retains some peristaltic activity ?
- (1) Colonic interposition
 - (2) Gastric transposition
 - (3) Jejunal interposition
 - (4) Gastric tube
 - (5) Question not attempted
45. Which of the following mechanism contributes the most to oesophageal damage in button battery ingestion ?
- (1) Thermal burns from battery ingestion
 - (2) Chemical reaction with gastric acid
 - (3) Hydroxyl radical formation causing liquefactive necrosis
 - (4) Direct pressure ulceration
 - (5) Question not attempted
46. According to Petterson classification of laryngotracheo-esophageal clefts, type III clefts are
- (1) Limited to cricoid
 - (2) Cleft extending beyond the cricoid into the trachea
 - (3) Cleft involving the whole cricoid and carina
 - (4) Cleft extend to mainstem bronchi
 - (5) Question not attempted
47. What is the most common cause of distal neonatal intestinal obstruction ?
- (1) Hirschsprung's disease
 - (2) Duodenal atresia
 - (3) Meconium plug syndrome
 - (4) Malrotation with volvulus
 - (5) Question not attempted
48. Frank drainage of urine from umbilicus warrants
- (1) Investigation to rule out Urinary Tract Infections
 - (2) Investigation to rule out omphalomesenteric duct remnant
 - (3) Investigation to rule out bladder outlet obstruction
 - (4) Investigation to rule out chronic constipation
 - (5) Question not attempted
49. The most common congenital anomaly associated with Meckel's diverticulum is
- (1) Omphalocele
 - (2) Patent vitelline duct
 - (3) Malrotation
 - (4) Intestinal atresia
 - (5) Question not attempted
50. The most common presentation of a symptomatic Meckel's diverticulum in children is :
- (1) Intussusception
 - (2) Painless lower gastro-intestinal bleeding
 - (3) Perforation
 - (4) Volvulus
 - (5) Question not attempted

51. Which diagnostic modality is most useful for detecting ectopic gastric mucosa in Meckel's diverticulum ?

- (1) CT scan
- (2) Meckel's scan (Tc-99m pertechnetate scintigraphy)
- (3) Upper GI contrast study
- (4) Ultrasound
- (5) Question not attempted

52. The thickness of pyloric muscle considered positive for Infantile Hypertrophic Pyloric Stenosis in neonate less than 30 days of age is

- (1) More than 2 mm
- (2) More than 2.5 mm
- (3) More than 3 mm
- (4) More than 3.5 mm
- (5) Question not attempted

53. Assertion (A) : Meconium Ileus (MI) is one of the earliest clinical manifestations of Cystic Fibrosis (CF).

Reason (R) : Inspissated meconium in MI is caused by abnormalities in the CFTR gene leading to dehydrated secretions and intraluminal obstruction.

- (1) Both (A) and (R) true, and (R) is the correct explanation of (A).
- (2) Both (A) and (R) are true, but (R) is not the correct explanation of (A).
- (3) (A) is true, but (R) is false.
- (4) (A) is false, but (R) is true.
- (5) Question not attempted

54. What is the most common cause of acute appendicitis in children ?

- (1) Lymphoid hyperplasia
- (2) Foreign body ingestion
- (3) Parasites
- (4) Malrotation
- (5) Question not attempted

55. Most common associated anomaly in Duodenal atresia is

- (1) Annular pancreas
- (2) Down's syndrome
- (3) Malrotation of gut
- (4) Congenital heart disease
- (5) Question not attempted

56. Which of the following findings is characteristic of Hirschsprung's disease ?

- (1) Increased ganglion cells in the myenteric plexus
- (2) Absence of ganglion cells in the affected bowel segment
- (3) Hypertrophy of the submucosal nerve plexus
- (4) Decreased acetylcholinesterase activity
- (5) Question not attempted

57. The gold standard for diagnosing Hirschsprung's disease is

- (1) Barium enema
- (2) Anorectal manometry
- (3) Rectal biopsy
- (4) Abdominal X-ray
- (5) Question not attempted

58. Arrange the steps of midgut development in the correct sequence :

- A. Rotation of the midgut around the superior mesenteric artery (SMA).
- B. Fixation of the ascending and descending colon.
- C. Herniation of the midgut into the extraembryonic coelom.
- D. Retraction of the midgut into the abdominal cavity.

Codes :

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

59. Which of the following statements is true regarding type III-B intestinal atresia ?

- (1) Adequate bowel length
- (2) Proximal jejunal atresia near the ligament of Trietz
- (3) Small mesenteric defect
- (4) Good blood supply of the distal bowel
- (5) Question not attempted

60. A neonate with jejunoileal atresia is found to have a proximal dilated bowel with poor motility on postoperative evaluation. What is the most likely underlying cause ?

- (1) Local ischemic insult affecting enteric nervous ganglia.
- (2) Functional obstruction caused by an anastomotic stricture.
- (3) Malabsorption due to short bowel syndrome.
- (4) Increased acetylcholinesterase activity in the hypertrophied bowel.
- (5) Question not attempted

61. In ileocolic intussusception which part of intestine is devitalized first ?

- (1) Outermost layer of bowel (Intussusciens)
- (2) Outermost layer of intussusceptum
- (3) Innermost layer of intussusceptum
- (4) Tip of intussusceptum
- (5) Question not attempted

62. What is the first-line nonoperative management strategy for pancreatic ascites following trauma ?

- (1) Early surgical drainage
- (2) Total parenteral nutrition and somatostatin analogs
- (3) High-fat enteral feeding
- (4) Placement of peritoneal dialysis catheter
- (5) Question not attempted

63. Laparoscopic gastropexy involves suturing which part of the stomach to the abdominal wall ?

- (1) Lesser curvature
- (2) Greater curvature
- (3) Pylorus
- (4) Fundus
- (5) Question not attempted

64. Which of the following syndromes is most commonly associated with multiple juvenile polyps and an increased risk of colorectal cancer ?

- (1) Peutz-Jeghers syndrome
- (2) Cowden syndrome
- (3) Juvenile polyposis syndrome
- (4) Gardner syndrome
- (5) Question not attempted

65. Which radiographic sign is most characteristic of midgut volvulus in neonates ?
- (1) Coffee bean sign
 - (2) Target sign
 - (3) Corkscrew sign
 - (4) String sign
 - (5) Question not attempted
66. The most common cause of biliary ascites is
- (1) Biliary atresia
 - (2) Choledochal cyst
 - (3) Spontaneous perforation of common bile duct
 - (4) Inborn errors of metabolism
 - (5) Question not attempted
67. What is the most common type of anorectal malformation in males ?
- (1) Rectoperineal fistula
 - (2) Rectourethral fistula
 - (3) Rectovesical fistula
 - (4) Imperforate anus without fistula
 - (5) Question not attempted
68. Which imaging study is most important for subsequent surgical planning after initial colostomy in a newborn with anorectal malformation ?
- (1) Contrast enema
 - (2) High-pressure distal colostogram
 - (3) Abdominal ultrasound
 - (4) MRI of the pelvis
 - (5) Question not attempted
69. Which association or syndrome is most commonly associated with anorectal malformations ?
- (1) Beckwith-Wiedemann syndrome
 - (2) VACTERL association
 - (3) Pierre Robin sequence
 - (4) Treacher Collins syndrome
 - (5) Question not attempted
70. Vaginal switch manœuvre is used for
- (1) High rectovaginal fistula
 - (2) Cloaca with common channel less than 3 cm
 - (3) Hydrocolpos with two hemivagina
 - (4) Septate vagina only
 - (5) Question not attempted
71. What is the most common complication after laparoscopic assisted abdominoperineal pullthrough for anorectal malformation ?
- (1) Bladder injury
 - (2) Ureteric injury
 - (3) Rectal prolapse
 - (4) Megarectum
 - (5) Question not attempted
72. The most reliable and accurate test for diagnosis of biliary atresia is
- (1) HIDA scan
 - (2) Ultrasonography
 - (3) Percutaneous needle biopsy of liver
 - (4) Magnetic resonance cholangiopancreatography
 - (5) Question not attempted

73. The Kasai procedure for biliary atresia is best performed before what age to optimize outcomes?

- (1) 14 days (2) 80 days
- (3) 60 days (4) 90 days
- (5) Question not attempted

74. The imaging modality of choice for type III choledochal cyst is

- (1) ERCP
- (2) MRCP
- (3) HIDA scan
- (4) CT cholangiography
- (5) Question not attempted

75. Which imaging modality is the gold standard for diagnosing biliary atresia?

- (1) Magnetic Resonance Cholangiopancreatography (MRCP)
- (2) Hepatobiliary Iminodiacetic Acid (HIDA) scan
- (3) PET Scanning
- (4) Endoscopic Retrograde Cholangiopancreatography (ERCP)
- (5) Question not attempted

76. What is the most common late complication following Kasai portoenterostomy for biliary atresia?

- (1) Hepatic artery thrombosis
- (2) Portal hypertension
- (3) Intestinal obstruction
- (4) Pancreatitis
- (5) Question not attempted

77. What is the first-line treatment for symptomatic cholelithiasis in children?

- (1) Ursodeoxycholic acid therapy
- (2) Extracorporeal shock wave lithotripsy
- (3) Laparoscopic cholecystectomy
- (4) Endoscopic sphincterotomy
- (5) Question not attempted

78. All of the following shunt procedures largely divert blood flow away from the liver except

- (1) Proximal splenorenal shunt
- (2) Mesocaval shunt
- (3) Side to side portocaval shunt
- (4) Mesenteric to left portal vein bypass
- (5) Question not attempted

79. Why is hepaticojejunostomy more commonly performed for choledochal cyst despite the longer operative time?

- A. It reduces the long-term risk of bile reflux gastritis and ulcers.
- B. It reduces the risk of duodenal ulcer.
- C. It is more physiologic.
- D. It prevents postoperative anastomotic leaks more effectively.

Codes :

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

80. What is the definitive treatment for a large, symptomatic choledochal cyst ?

- (1) Endoscopic drainage
- (2) Percutaneous biliary stenting
- (3) Surgical excision with hepaticojejunostomy
- (4) Laparoscopic cyst decompression
- (5) Question not attempted

81. The most common site for accessory spleen is

- (1) Splenic hilum
- (2) Lesser sac
- (3) Mesentery
- (4) Retroperitoneum
- (5) Question not attempted

82. The rate limiting step in catecholamine synthesis is

- (1) Tyrosine to Dihydroxy Phenyl Alanine (DOPA)
- (2) DOPA to Dopamine
- (3) Dopamine to Norepinephrine
- (4) Norepinephrine to Epinephrine
- (5) Question not attempted

83. Most common mutation in autosomal dominant polycystic kidney disease is

- (1) PKD 2 on chromosome 4
- (2) PKD 1 on chromosome 16
- (3) PKD 3
- (4) PKD 4
- (5) Question not attempted

84. The most common form of cystic renal dysplasia in pediatric age group is

- (1) Autosomal recessive polycystic kidney disease
- (2) Multicystic dysplastic kidney
- (3) Cystic nephroma
- (4) Solitary renal cyst
- (5) Question not attempted

85. Which of the following is the most common type of Vesicoureteral Reflux (VUR) ?

- (1) Primary reflux due to an abnormal ureterovesical junction
- (2) Secondary reflux due to bladder outlet obstruction
- (3) Tertiary reflux due to a neurological cause
- (4) Reflux associated with posterior urethral valves
- (5) Question not attempted

86. Choose the correct statements about posterior urethral valves :

- A. Detrusor hyperreflexia is extremely uncommon urodynamic pattern.
- B. Myogenic failure is the urodynamic pattern seen more commonly in older children.
- C. Anticholinergic can help in patients with myogenic failure.
- D. Intermittent catheterization should always be done under the supervision of physician to decrease the chances of UTI.

Codes :

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

87. The recommended period of follow up after Pyeloplasty for UPJ obstruction is
 (1) 3 months (2) 6 months
 (3) 1 year (4) 2 years
 (5) Question not attempted
88. The most common type of Congenital Adrenal Hyperplasia (CAH) is caused by a deficiency of which enzyme?
 (1) 11-beta-hydroxylase
 (2) 21-hydroxylase
 (3) 17-alpha-hydroxylase
 (4) 3-beta-hydroxysteroid dehydrogenase
 (5) Question not attempted
89. Which of the following is the most common type of hypospadias?
 (1) Glandular (2) Coronal
 (3) Penoscrotal (4) Perineal
 (5) Question not attempted
90. The recommended age for hypospadias repair is:
 (1) Birth
 (2) 6-12 months
 (3) 3-4 years
 (4) After puberty
 (5) Question not attempted
91. What is the most common cause of ambiguous genitalia in newborns?
 (1) Androgen insensitivity syndrome
 (2) Congenital adrenal hyperplasia
 (3) Mixed gonadal dysgenesis
 (4) Turner syndrome
 (5) Question not attempted
92. A child passes urine from an opening at the anal verge or rectum. Karyotype is 46XY. Patient also has renal anomalies. Likely diagnosis is
 (1) Anorectal anomaly
 (2) Penile torsion
 (3) Penile agenesis
 (4) Epispadias
 (5) Question not attempted
93. What is the most common type of bladder exstrophy?
 (1) Classic bladder exstrophy
 (2) Cloacal exstrophy
 (3) Epispadias without exstrophy
 (4) Urachal cyst
 (5) Question not attempted
94. Which is not a feature of Denys-Drash syndrome?
 (1) Wilms' tumour
 (2) Renal failure
 (3) Male pseudohermaphroditism
 (4) Mutation in WT₂ gene
 (5) Question not attempted
95. Serum Testosterone level are low in all of the following DSD's except
 (1) Mixed gonadal dysgenesis
 (2) Complete androgen insensitivity syndrome
 (3) True hermaphrodite
 (4) Pure gonadal dysgenesis
 (5) Question not attempted
96. What is the most common clinical presentation of pheochromocytoma in children?
 (1) Persistent hypotension
 (2) Hypertension, headaches, and sweating
 (3) Weight gain and hyperglycemia
 (4) Growth retardation
 (5) Question not attempted

97. What is the first-line preoperative treatment to stabilize blood pressure in pediatric pheochromocytoma patients ?
- (1) Beta-blockers alone
 - (2) Calcium channel blockers alone
 - (3) Alpha-adrenergic blockers followed by beta-blockers.
 - (4) Immediate surgical resection without medical preparation
 - (5) Question not attempted
98. What is the most common neural tube defect ?
- (1) Encephalocele
 - (2) Myelomeningocele
 - (3) Lipomyelomeningocele
 - (4) Split cord malformation
 - (5) Question not attempted
99. Which prenatal intervention has been shown to improve outcomes in myelomeningocele ?
- (1) In utero folic acid supplementation
 - (2) Prenatal myelomeningocele repair
 - (3) Serial amniotic fluid drainage
 - (4) Intrauterine stem cell therapy
 - (5) Question not attempted
100. Which of the following is the most common cause of congenital hydrocephalus ?
- (1) Intraventricular haemorrhage
 - (2) Myelomeningocele
 - (3) Aqueductal stenosis
 - (4) Post-meningitic hydrocephalus
 - (5) Question not attempted
101. What is the most common long-term complication of a ventriculoperitoneal (VP) shunt ?
- (1) Infection
 - (2) Mechanical failure
 - (3) Over-drainage leading to slit-ventricle syndrome
 - (4) Abdominal pseudocyst formation
 - (5) Question not attempted
102. All of the following are closed neural tube defects except
- (1) Split cord malformation (Diastematomyelia)
 - (2) Lipomeningocele
 - (3) Meningomyelocele
 - (4) Dermal sinuses
 - (5) Question not attempted
103. What is the most common benign vascular tumour in infants ?
- (1) Venous malformation
 - (2) Capillary hemangioma
 - (3) Arteriovenous malformation
 - (4) Lymphangioma
 - (5) Question not attempted
104. Kasabach-Merritt phenomenon is seen in
- (1) Tufted angioma
 - (2) Kaposi's sarcoma
 - (3) Arteriovenous malformation
 - (4) Diffuse hepatic hemangioma
 - (5) Question not attempted
105. Which of the following statements is true regarding lymphatic malformations ?
- (1) They are always diagnosed postnatally.
 - (2) Microcystic and macrocystic subtypes respond equally well to sclerotherapy.
 - (3) The most common site of involvement is the head and neck.
 - (4) Lymphangiomas are typically acquired later in childhood.
 - (5) Question not attempted

106. The preferred strategy for treatment of arteriovenous malformation is

- (1) Peripheral embolization and excision after 7 days.
- (2) Arterial embolization of nidus followed by surgical resection after 2-3 days.
- (3) Observation
- (4) Complete wide surgical excision
- (5) Question not attempted

107. What is the most common location for a mesenteric cyst in children ?

- (1) Small bowel mesentery
- (2) Retroperitoneum
- (3) Colonic mesentery
- (4) Omentum
- (5) Question not attempted

108. Which of the following is a fast flow malformation ?

- (1) Arteriovenous malformation
- (2) Venous malformation
- (3) Capillary malformation
- (4) All of these
- (5) Question not attempted

109. What is the major advantage of robotic surgery compared to conventional laparoscopy ?

- (1) Faster operative times
- (2) Reduced need for pneumoperitoneum
- (3) Improved dexterity and three-dimensional visualization
- (4) Lower cost of procedures
- (5) Question not attempted

110. Which ergonomic positioning is optimal for posterior mediastinal thoroscopic procedures ?

- (1) Supine position with Trendelenburg adjustment
- (2) Standard lateral decubitus position
- (3) Modified prone position with the affected side slightly elevated.
- (4) Upright position with anterior access
- (5) Question not attempted

111. What is a key advantage of laparoscopic versus open surgery in pediatric patients ?

- (1) Reduced rate of infection
- (2) Shorter operative times
- (3) Decreased requirement for general anesthesia
- (4) Lower cost
- (5) Question not attempted

112. A 5-year old child presents within intra intra-abdominal undescended testicles. The surgeon decides to proceed with the laparoscopic orchiopexy. During the procedure insufflation pressure is kept at 12 mmHg. After insufflation the patient develops bradycardia and hypotension.

What is the most likely cause of this intra operative event ?

- (1) Hyperkalemia due to CO₂ absorption.
- (2) Vagal response to peritoneal distension.
- (3) Cardiac tamponade
- (4) Pulmonary embolism
- (5) Question not attempted

113. Which of the following is NOT a contraindication to laparoscopic surgery in children ?

- (1) Severe cardiopulmonary instability
- (2) Large abdominal mass
- (3) Prior abdominal surgery
- (4) Uncorrected coagulopathy
- (5) Question not attempted

114. The most common site of injury during Oesophagoscopy is

- (1) Tongue and palate
- (2) Cricopharyngeus muscle
- (3) Upper oesophagus
- (4) Lower oesophagus
- (5) Question not attempted

115. What should be done if foreign body gets lodged at vocal cord during bronchoscopic removal ?

- (1) Apply force to break it into smallest possible pieces.
- (2) Push the foreign body back into the trachea.
- (3) Remove the bronchoscope and attempt a second pass after some time.
- (4) Use a laser to fragment the object.
- (5) Question not attempted

116. Which of the following is a potential concern associated with robotic-assisted ureteric reimplantation compared to open surgery ?

- (1) Higher risk of urinary retention
- (2) Higher risk of VUJ obstruction
- (3) Increased risk of postoperative haematuria
- (4) Lower patient satisfaction rates
- (5) Question not attempted

117. Anti GD2 monoclonal antibody is used in the treatment of

- (1) Kaposi's sarcoma
- (2) Hepatoblastoma
- (3) Neuroblastoma
- (4) Nephroblastoma
- (5) Question not attempted

118. What is the primary mechanism of monoclonal antibodies in treating pediatric cancers ?

- (1) Direct tumour lysis
- (2) Stimulation of the immune system to target cancer cells
- (3) Blocking tumour angiogenesis
- (4) Inhibiting DNA replication
- (5) Question not attempted

119. What is the most promising application of mesenchymal stem cells (MSCs) in pediatric surgery ?

- (1) Liver transplantation
- (2) Wound healing and tissue regeneration
- (3) Chemotherapy delivery
- (4) Vaccine production
- (5) Question not attempted

120. Who is considered as the father of modern pediatric surgery ?

- (1) William E. Ladd
- (2) Robert Gross
- (3) Joseph D. Murray
- (4) C. Everett Koop
- (5) Question not attempted

121. First Editor in Chief of Journal of Pediatric Surgery was

- (1) C. Everett Koop
- (2) William E. Ladd
- (3) Robert E. Gross
- (4) Jay Grosfeld
- (5) Question not attempted

122. In Karyotyping chromosomal analysis is done in which phase of mitosis ?

- (1) Interphase
- (2) Metaphase
- (3) Prophase
- (4) Telophase
- (5) Question not attempted

123. A 2-day-old term neonate presents with bilious vomiting and abdominal distension. The mother had a history of polyhydramnios during pregnancy. An abdominal X-ray reveals following gas pattern. Which of the following is the most likely underlying cause of this condition ?



- (1) Failure of recanalization of the gut lumen
- (2) Intrauterine vascular accident affecting the mesenteric vessels
- (3) Neural crest cell migration defect
- (4) Incomplete rotation of the midgut
- (5) Question not attempted

124. 'Quad screen' markers indicate

- (1) Maternal serum alpha-fetoprotein, urea, and deoxyhydrogenase level
- (2) Maternal serum inhibin, estriol, human chorionic gonadotropin and α fetoprotein level
- (3) Maternal serum albumin, globulin, α fetoprotein and uric acid level
- (4) Maternal serum quolin, uric acid, α fetoprotein and D-dimer level
- (5) Question not attempted

125. Chorionic villous sampling with low risk is usually performed at

- (1) 6 weeks – 9 weeks
- (2) 10 weeks – 14 weeks
- (3) 15 weeks – 18 weeks
- (4) 20 weeks – 22 weeks
- (5) Question not attempted

126. Which of the following teratogens has been shown to induce Congenital Diaphragmatic Hernia (CDH) in animal models by interfering with the retinoic acid synthesis pathway?

- (1) Thalidomide
- (2) Nitrofen
- (3) Valproic acid
- (4) Cyclophosphamide
- (5) Question not attempted

127. Which of the following genetic factors has been implicated in the development of Prune Belly Syndrome (PBS), particularly in cases associated with bladder dysfunction?

- (1) HOXA13 mutation
- (2) HNF1 β deletion
- (3) WT1 mutation
- (4) PAX2 duplication
- (5) Question not attempted

128. Infants are more susceptible to environmental temperature changes due to

- (1) Relatively large surface area and small mass
- (2) Large surface area and large mass
- (3) Good amount of insulating fat
- (4) More number of body hair
- (5) Question not attempted

129. Which statement is true for venous access line called PIC – line?

- (1) Peripheral venous line
- (2) Central venous line
- (3) Line placed in peripheral vein and passed into the central venous system
- (4) It has high infection rate
- (5) Question not attempted

130. Which of the following statements about neonatal Glomerular Filtration Rate (GFR) is true?

- (1) It is equivalent to adult levels at birth.
- (2) It rapidly increases to adult levels within the first few days.
- (3) It is significantly lower at birth and takes 1-2 years to reach adult levels.
- (4) It is highest immediately after birth due to fetal adaptations.
- (5) Question not attempted

131. What is the main reason preterm neonates are considered "salt wasters" ?

- (1) Increased renal filtration
- (2) Impaired sodium reabsorption in renal tubules
- (3) Excessive sodium intake
- (4) Immaturity of the adrenal glands
- (5) Question not attempted

132. Deficiency of copper can lead to which type of anemia ?

- (1) Macrocytic hypochromic anemia
- (2) Microcytic hypochromic anemia
- (3) Normocytic normochromic anemia
- (4) Normocytic hypochromic anemia
- (5) Question not attempted

133. What is the recommended maintenance fluid requirement for a 12 kg child ?

- (1) 1000 mL/day
- (2) 1100 mL/day
- (3) 1200 mL/day
- (4) 1300 mL/day
- (5) Question not attempted

134. All these agents lower the serum potassium concentration when managing hyperkalemia except

- (1) Calcium gluconate
- (2) Sodium bicarbonate
- (3) Glucose-insulin infusion
- (4) Salbutamol
- (5) Question not attempted

135. Which of the following strategies is recommended to reduce the risk of Parenteral Nutrition-Associated Liver Disease (PNALD) in neonates ?

- (1) Using high-dose intralipids
- (2) Limiting amino acid intake
- (3) Using omega-3-based lipid emulsions
- (4) Avoiding enteral nutrition
- (5) Question not attempted

136. Human breast milk contains

- (1) 80% water
- (2) 84% water
- (3) 87% water
- (4) 90% water
- (5) Question not attempted

137. Which hormones predominantly drive the catabolic state during the metabolic response to stress in critically ill children ?

- (1) Insulin and glucagon
- (2) Cortisol, glucagon and catecholamines
- (3) Growth hormone and insulin-like growth factors
- (4) Thyroid hormone and aldosterone
- (5) Question not attempted

138. The metabolically active fraction of calcium is

- (1) Ionized calcium
- (2) Protein bound calcium
- (3) Calcium complexed with bicarbonate
- (4) Calcium complexed with lactate
- (5) Question not attempted

139. Which of the following amino acid is used to prevent parenteral nutrition associated cholestasis?

- (1) Glutamine
- (2) Tyrosine
- (3) Arginine
- (4) Taurine
- (5) Question not attempted

140. Wide pulse-pressure is characteristically seen in

- (1) Hemorrhagic shock
- (2) Cardiogenic shock
- (3) Obstructive shock
- (4) Neurogenic shock
- (5) Question not attempted

141. The American Society of Anesthesiologists (ASA) Physical Status Classification is primarily used to:

- (1) Determine the anesthetic agent to be used.
- (2) Predict postoperative complications.
- (3) Assess the preoperative condition of a patient.
- (4) Decide the surgical approach for critically ill children.
- (5) Question not attempted

142. Post-operative apnea is defined as cessation of breathing or no detectable airflow for

- (1) 10 seconds or more
- (2) 15 seconds or more
- (3) 20 seconds or more
- (4) 30 seconds or more
- (5) Question not attempted

143. The most common cause of obstructive sleep apnea syndrome in children is

- (1) Craniofacial anomalies
- (2) Cerebral palsy
- (3) Adenotonsillar hypertrophy
- (4) Muscular dystrophy
- (5) Question not attempted

144. Which of the following is a commonly used clinical measurement index to determine the need for ECMO in neonates with severe respiratory failure?

- (1) Glasgow Coma Scale (GCS)
- (2) Pediatric Risk of Mortality (PRISM) Score
- (3) Oxygenation Index (OI)
- (4) Pediatric Logistic Organ Dysfunction (PELOD) Score
- (5) Question not attempted

145. Which of the following criteria is characteristic of Systemic Inflammatory Response Syndrome (SIRS) ?

- (1) Heart rate less than 90 beats/mt
- (2) TLC more than $14000/\text{mm}^3$
- (3) Respiratory rate more than 30/mt
- (4) Core temperature of $>38^\circ\text{C}$ or $<36^\circ\text{C}$
- (5) Question not attempted

146. What is true about Fanconi anemia ?

- (1) It has bone marrow failure due to infiltrative disease.
- (2) It has primary bone marrow failure.
- (3) It is transmitted as autosomal dominant pattern.
- (4) It does not have any associated congenital malformation.
- (5) Question not attempted

147. In pediatric patients, which parasitic infection is most commonly associated with intestinal obstruction ?

- (1) *Giardia lamblia*
- (2) *Entamoeba histolytica*
- (3) *Ascaris lumbricoides*
- (4) *Cryptosporidium*
- (5) Question not attempted

148. Main source of Tumour Necrosis Factor- α (TNF- α) is

- (1) Neutrophils
- (2) Lymphocytes
- (3) Monocytes-macrophages
- (4) Eosinophils
- (5) Question not attempted

149. Uncontrolled production of tumour necrosis factor (TNF) in severe sepsis produces

- (1) beneficial effect on patient by improving myocardial contractility.
- (2) deleterious effect on patient by causing hemodynamic instability.
- (3) no effect on patient.
- (4) improvement in DIC (Disseminated Intravascular Coagulation)
- (5) Question not attempted

150. What is the preferred initial imaging modality for evaluating blunt abdominal trauma in hemodynamically unstable pediatric patients ?

- (1) Computed Tomography (CT) with contrast
- (2) Focused Assessment with Sonography for Trauma (FAST)
- (3) Magnetic Resonance Imaging (MRI)
- (4) Plain Radiography
- (5) Question not attempted

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- Factor- α (TNF- α) is
- (1) Neutrophils
 - (2) Lymphocytes
 - (3) Monocytes-macrophages
 - (4) Eosinophils
 - (5) Question not attempted

143. Uncontrolled production of tumour necrosis factor (TNF) in severe sepsis produces
- (1) beneficial effect on patient by improving myocardial contractility
 - (2) deleterious effect on patient by causing haemodynamic instability
 - (3) no effect on patient
 - (4) improvement in DIC (Disseminated Intravascular Coagulation)
 - (5) Question not attempted

140. What is the preferred initial imaging modality for evaluating blunt abdominal trauma in hemodynamically unstable pediatric patients?
- (1) Computed Tomography (CT) with contrast
 - (2) Focused Assessment with Sonography for Trauma (FAST)
 - (3) Magnetic Resonance Imaging (MRI)
 - (4) Plain Radiographs
 - (5) Question not attempted

145. Which of the following is characteristic of Systemic Inflammatory Response Syndrome (SIRS)?
- (1) Heart rate less than 90 beats/min
 - (2) TLC more than $14000/\text{mm}^3$
 - (3) Respiratory rate more than 30/min
 - (4) Core temperature of $>38^\circ\text{C}$ or $<36^\circ\text{C}$
 - (5) Question not attempted

146. What is true about Pancytopenia?
- (1) It has bone marrow failure due to infiltrative disease.
 - (2) It has primary bone marrow failure.
 - (3) It is transmitted as autosomal dominant pattern.
 - (4) It does not have any associated congenital malformation.
 - (5) Question not attempted

147. In pediatric patients, which parasitic infection is most commonly associated with intestinal obstruction?
- (1) Giardia lamblia
 - (2) Entamoeba histolytica
 - (3) Ascaris lumbricoides
 - (4) Cyclospora
 - (5) Question not attempted