

Exam Date: 14/05/2025

पुस्तिका में पृष्ठों की संख्या : 24  
Number of Pages in Booklet : 24

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

MPA-25

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

813385

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 : 41



Sub : Paediatric Urology

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त\*

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/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 उपरान्त 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 और राजस्थान सार्वजनिक परीक्षा (नती) 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 procedures has not been shown to have a length of stay benefit for minimally invasive approaches as compared to the open surgical procedures in children ?
  - (1) Pyeloplasty
  - (2) Hernia / hydrocele
  - (3) Ureteral reimplant
  - (4) Augmentation enterocystoplasty
  - (5) Question not attempted
2. What is the recommended duration of antibiotic treatment for febrile UTIs in children ?
  - (1) 2-4 days
  - (2) 7-14 days
  - (3) 3-5 days
  - (4) 10-21 days
  - (5) Question not attempted
3. Absolute contraindication to laparoscopic and robotic-assisted surgery in children is/are
  - (1) Size less than 4 kg
  - (2) Age less than 2 months
  - (3) Inability to tolerate pneumoperitoneum
  - (4) Prior abdominal surgery
  - (5) Question not attempted
4. Percentage of neonatal ascites caused by urinary conditions
  - (1) 10%
  - (2) 30%
  - (3) 50%
  - (4) 80%
  - (5) Question not attempted
5. What is the primary concern when administering anesthesia to premature infants ?
  - (1) Increased risk of postoperative apnea
  - (2) Higher likelihood of allergic reactions
  - (3) Greater risk of malignant hyperthermia
  - (4) Increased chance of postoperative nausea and vomiting
  - (5) Question not attempted
6. What is an appropriate fill rate on cystometrogram for a pediatric patient ?
  - (1) 5% to 10% of expected bladder capacity per minute
  - (2) 10% to 15% of expected bladder capacity per minute
  - (3) 15% to 20% of expected bladder capacity per minute
  - (4) 20% of expected bladder capacity per minute
  - (5) Question not attempted
7. Under what conditions is a uroflow reading valid and interpretable in children ?
  - (1) Voided volume is less than 50% of expected bladder capacity for age.
  - (2) Voided volume > 50 ml
  - (3) Post-void residual (PVR) < 100 ml
  - (4) Electromyography (EMG) log time < 6 seconds
  - (5) Question not attempted



8. Pediatric patients with myelodysplasia resulted in hydronephrosis or secondary VUR. In such patient Detrusor Leak Point Pressure (DLPP) should be
- (1)  $<20$  cm  $H_2O$
  - (2)  $20 - 30$  cm  $H_2O$
  - (3)  $30 - 40$  cm  $H_2O$
  - (4)  $>40$  cm  $H_2O$
  - (5) Question not attempted
9. Which of the following is true regarding Asymptomatic Bacteriuria (ASB) in preschool-aged children?
- (1) ASB occurs in  $<1\%$  of preschool girls.
  - (2) ASB is common in preschool boys.
  - (3) ASB required antibiotic treatment in all cases.
  - (4) ASB is a significant risk factor for renal damage.
  - (5) Question not attempted
10. What are the five reference uroflow curves types?
- (1) Stuttering, bell shaped, peaked, plateau, intermittent
  - (2) Staccato, intermittent, bell shaped, plateau, tower
  - (3) Tower, peaked, stuttering, normal, flat
  - (4) Staccato, bell shaped, normal, plateau, flat
  - (5) Question not attempted
11. What is the primary reason for the rise in intracranial pressure during pediatric laparoscopy?
- (1) Increased cardiac output
  - (2) Hypercapnia and increased cerebral blood flow
  - (3) Decreased pulmonary compliance
  - (4) Reduced renal blood flow
  - (5) Question not attempted
12. Which level of Abdominal Leak Point Pressure (ALPP) denotes equivocal measure with some component of sphincter deficiency?
- (1)  $<60$  cm  $H_2O$
  - (2)  $60$  to  $90$  cm  $H_2O$
  - (3)  $>90$  cm  $H_2O$
  - (4)  $<40$  cm  $H_2O$
  - (5) Question not attempted
13. Which is false regarding renal physiology during laparoscopy in children?
- (1) Upto  $88\%$  of infants younger than 1 year experience short periods of intraoperative anuria.
  - (2) Renal blood flow to the renal medulla preferentially decreases during pneumoperitoneum.
  - (3) Early in recovery, the physiological impact on renal function remains abnormal within the first 90 minutes postoperatively.
  - (4) Isolated postlaparoscopic oliguria should not be managed with bolus-hydration beyond typical postoperative management.
  - (5) Question not attempted



14. What is the primary rationale for using Continuous Antibiotic Prophylaxis (CAP) in the management of VUR ?
- (1) To correct the anatomical defect causing VUR.
  - (2) To prevent UTIs and subsequent renal scarring.
  - (3) To reduce the grade of VUR over time.
  - (4) To eliminate the need for surgical intervention.
  - (5) Question not attempted
15. Which of the following is a significant limitation of the RIVUR study in VUR ?
- (1) Lack of placebo control.
  - (2) High dropout rates due to adverse drug reactions.
  - (3) Inability to differentiate between post infection scarring and congenital renal dysplasia.
  - (4) Exclusion of children with high-grade VUR.
  - (5) Question not attempted
16. What is the accepted ratio of tunnel length to ureteral diameter found in most normal children without reflux ?
- (1) 2 : 1                      (2) 3 : 1
  - (3) 4 : 1                      (4) 5 : 1
  - (5) Question not attempted
17. What is the estimated prevalence of Vesicoureteral Reflux (VUR) in children with urinary tract infections (UTIs) ?
- (1) 10%                      (2) 17%
  - (3) 30%                      (4) 50%
  - (5) Question not attempted
18. What is the most common cause of megacystis in fetuses ?
- (1) Bladder agenesis
  - (2) Posterior Urethral Valves (PUV)
  - (3) Urethral Atresia
  - (4) Megacystis-Microcolon-Intestinal-Hypoperistalsis Syndrome (MMIHS)
  - (5) Question not attempted
19. The incidence of urinary bladder agenesis is approximately
- (1) 1 per 6,00,000 gestation
  - (2) 1 per 4,00,000 gestation
  - (3) 1 per 1,00,000 gestation
  - (4) 1 per 2,00,000 gestation
  - (5) Question not attempted
20. In 2011, American Academy of pediatrics Guidelines for the diagnosis and management of febrile UTI in children 2 to 24 months of age recommend obtaining
- (1) a renal and bladder ultrasound and VCUG during the febrile episode.
  - (2) a renal and bladder ultrasound and a VCUG at 3 weeks after the febrile episode has resolved.
  - (3) a DMSA renal scan and, if positive, a VCUG.
  - (4) a renal and bladder ultrasound after confirmation of UTI by a properly collected urine specimen for culture and analysis.
  - (5) Question not attempted



21. Best pelvic immobilization technique after the closure of classical bladder exstrophy with osteotomy
- (1) Mummy wrap
  - (2) Spica casts
  - (3) Modified Bryant's traction without external fixator device
  - (4) Modified Buck's traction with external fixator device
  - (5) Question not attempted
22. What is the primary embryological defect thought to cause the exstrophy-epispadias complex?
- (1) Failure of the cloacal membrane to be reinforced by mesoderm
  - (2) Abnormal development of the genital tubercles
  - (3) Premature closure of the urorectal septum
  - (4) Incomplete fusion of the Müllerian ducts
  - (5) Question not attempted
23. Which of the following is a key feature of Megacystis Microcolon Intestinal Hypoperistalsis Syndrome (MMIHS)?
- (1) Decreased amniotic fluid levels
  - (2) Normal amniotic fluid levels or increased amniotic fluid
  - (3) Absence of bladder dilation
  - (4) No gastrointestinal findings
  - (5) Question not attempted
24. Prenatal diagnostic criteria of bladder Exstrophy Epispadeas Complex (CBE) on ultrasound includes all EXCEPT
- (1) Absence of bladder filling
  - (2) Diminutive Genitalia
  - (3) Low set umbilicus
  - (4) Lower abdominal mass that decrease in size as the pregnancy progress.
  - (5) Question not attempted
25. What is the primary reason for performing pelvic osteotomy during bladder exstrophy closure?
- (1) To correct concomitant spinal deformities
  - (2) To reduce tension on the abdominal wall closure
  - (3) To improve renal function
  - (4) To prevent urinary incontinence
  - (5) Question not attempted
26. What is live birth incidence of female epispadias?
- (1) 1 in 1,17,000
  - (2) 1 in 1,51,000
  - (3) 1 in 2,43,000
  - (4) 1 in 4,84,000
  - (5) Question not attempted
27. Which statement is true for Nephrogenic adenoma?
- (1) Is more common in children than in adults.
  - (2) Can be seen as a reaction to infection or urolithiasis.
  - (3) Often demonstrates malignant transformation.
  - (4) Rarely recurs after local treatment.
  - (5) Question not attempted



28. Most important determinant of eventual success for continence procedure in bladder exstrophy
- (1) Age at the time of bladder neck reconstruction.
  - (2) Bladder capacity at the time of bladder reconstruction.
  - (3) Length of the urethral groove.
  - (4) Lack of spinal anomalies.
  - (5) Question not attempted
29. What is the live birth incidence of Prune-Belly syndrome ?
- (1) 1 in 70,000
  - (2) 1 in 50,000
  - (3) 1 in 29,000 to 1 in 40,000
  - (4) 1 in 51,000 to 1 in 59,000
  - (5) Question not attempted
30. What percentage of children with Prune-Belly syndrome have vesicoureteral reflux ?
- (1) 25%
  - (2) 50%
  - (3) 75%
  - (4) 90%
  - (5) Question not attempted
31. What is the most common upper urinary tract anomaly in cloacal exstrophy patients ?
- (1) Renal agenesis
  - (2) Ectopic ureters
  - (3) Megaureters
  - (4) Multicystic dysplastic kidney
  - (5) Question not attempted
32. Which type of posterior urethral valve is most commonly seen, accounting for 95% of cases ?
- (1) Type 1
  - (2) Type 2
  - (3) Type 3
  - (4) Type 4
  - (5) Question not attempted
33. The most common cause of early mortality in infant with posterior urethral valve
- (1) Urinary sepsis
  - (2) Pulmonary hypoplasia
  - (3) End-stage renal disease not amenable to dialysis
  - (4) Urinary ascites due to calyx forniceal rupture
  - (5) Question not attempted
34. What is the "keyhole sign" in the context of posterior urethral valves ?
- (1) A dilated bladder with a thickened wall.
  - (2) A dilated posterior urethra seen on ultrasound.
  - (3) A sign of vesicoureteral reflux.
  - (4) A sign of renal dysplasia.
  - (5) Question not attempted
35. The only circumstances in which prenatal intervention may be justified are/is Prune-Belly syndrome
- (1) Distended bladder
  - (2) Pulmonary hypoplasia
  - (3) Bilateral hydronephrosis
  - (4) Progressive oligohydramnios
  - (5) Question not attempted



36. Which of the following urodynamic findings is most commonly associated with transverse myelitis in the acute phase ?
- (1) Detrusor overactivity
  - (2) Detrusor underactivity
  - (3) Detrusor sphincter dyssynergia
  - (4) High bladder compliance
  - (5) Question not attempted
37. After posterior urethral valve ablation, post-operative a urethral catheter is typically placed for at least
- (1) 24 hours
  - (2) 72 hours
  - (3) 4 days
  - (4) 5 days
  - (5) Question not attempted
38. Which is false regarding the use of Botulinum Toxin A (BTA) for neurogenic bladder in children ?
- (1) BTA inhibits the release of ATP and substance P in the bladder.
  - (2) The duration of response ranges from 6 to 10.5 months.
  - (3) Repeat injections are effective but the interval between repeated injections decreases with each dose.
  - (4) BTA may help avoid augmentation cystoplasty in up to 90% of children who fail treatment with CIC and antimuscarinics.
  - (5) Question not attempted
39. What is the most common cause of neurogenic bladder dysfunction in children ?
- (1) Sacral agenesis
  - (2) Anorectal malformations
  - (3) Neural tube defects
  - (4) Cerebral palsy
  - (5) Question not attempted
40. What is the recommended daily fiber intake for children with Bowel Bladder Dysfunction (BBD) ?
- (1) Age in years plus 5 to 10 grams
  - (2) Age in years plus 10 to 15 grams
  - (3) Age in years plus 15 to 20 grams
  - (4) Age in years plus 20 to 25 grams
  - (5) Question not attempted
41. What is the primary mechanism by which desmopressin (DDAVP) reduces enuresis in children ?
- (1) Increasing bladder capacity
  - (2) Reducing nocturnal urine production
  - (3) Enhancing bladder muscle contraction
  - (4) Decreasing daytime fluid intake
  - (5) Question not attempted
42. Which diagnostic criteria are recommended for the diagnosis of functional constipation in children ?
- (1) Rome IV criteria
  - (2) Bristol stool form scale
  - (3) DSM-5 criteria
  - (4) ICD-10 criteria
  - (5) Question not attempted
43. Most favourable outcomes associated with intervention (vesicoamniotic shunting) in a fetus with posterior urethral valve with all EXCEPT
- (1) Oligohydramnios
  - (2) Severe hydronephrosis
  - (3) Favourable fetal urine biochemistry
  - (4) Presence of renal cortical cyst
  - (5) Question not attempted



44. What is the primary principle in management of neuromuscular dysfunction of the lower urinary tract ?
- (1) Attaining urinary continence
  - (2) Preservation of renal function
  - (3) Avoiding urinary tract infection
  - (4) Facilitating sexual function and fertility
  - (5) Question not attempted
45. Which of the following medications is considered the first line treatment for constipation in children ?
- (1) Bisacodyl
  - (2) PolyEthylene Glycol (PEG)
  - (3) Sodium picosulfate
  - (4) Mineral oil
  - (5) Question not attempted
46. A 15 year old boy with a history of posterior ureteral valves progresses to end stage renal disease and is a candidate for renal transplant. Which one may be most likely complication to occur in transplant child of PUV ?
- (1) Vesicoureteral reflux
  - (2) Ureteral obstruction at site of ureteroneocystostomy
  - (3) Acute graft rejection
  - (4) Chronic rejection
  - (5) Question not attempted
47. Which of the following organ systems is implicated in the pathogenesis of enuresis all EXCEPT
- (1) Brain
  - (2) Kidney
  - (3) Bladder
  - (4) Prostate
  - (5) Question not attempted
48. Which bowel segment is most commonly associated with rhythmic, sinusoidal contractions after bladder augmentation ?
- (1) Ileum
  - (2) Stomach
  - (3) Sigmoid colon
  - (4) Cecum
  - (5) Question not attempted
49. What is the most common complication in pediatric continent diversion ?
- (1) Urinary incontinence
  - (2) Stomal stenosis
  - (3) Bladder perforation
  - (4) Upper tract deterioration
  - (5) Question not attempted
50. All are an acceptable method for managing vesicoureteral reflux in children with neuromuscular dysfunction of the lower urinary tract EXCEPT
- (1) CIC
  - (2) Antimuscarinics
  - (3) Bladder emptying by the credé maneuver
  - (4) Ureteral re-implantation
  - (5) Question not attempted



51. After augmentation gastrocystoplasty, most bladder stones in this population are composed of
- (1) Struvite
  - (2) Uric acid
  - (3) Cystine
  - (4) Phosphate
  - (5) Question not attempted
52. Adenocarcinoma of the bladder after augmentation cystoplasty can occur after (earliest reported)
- (1) 2 years
  - (2) 4 years
  - (3) 8 years
  - (4) 10 years
  - (5) Question not attempted
53. Which of the following best explains the embryologic basis for crossed renal ectopia with fusion?
- (1) The kidneys fail to ascend properly due to a vascular barrier.
  - (2) The metanephric masses fuse in the pelvis before or during ascent, leading to abnormal migration.
  - (3) The ureteral buds fail to induce proper metanephric blastema differentiation.
  - (4) The kidneys rotate excessively during ascent, causing them to cross the midline.
  - (5) Question not attempted
54. The most common limitation of a Kropp urethral lengthening for continence is
- (1) Distal ureteral obstruction
  - (2) New vesicouretric reflux
  - (3) Fistula from the urethra to the bladder, resulting in incontinence
  - (4) Difficulty with intermittent catheterization, particularly in boys
  - (5) Question not attempted
55. Risk factors for renal artery aneurysm rupture are all EXCEPT
- (1) Pregnancy
  - (2) Complete ring like calcification is present
  - (3) Aneurysm greater than 2 cm
  - (4) The aneurysm increases in size on serial angiogram
  - (5) Question not attempted
56. Which of the following is NOT a characteristic of medullary sponge kidney?
- (1) Dilated collecting ducts
  - (2) Hypercalciuria
  - (3) Cysts confined to the renal cortex
  - (4) Calcium deposits within the tubules
  - (5) Question not attempted
57. What is the most common symptom in patients with acute urinary tract obstruction?
- (1) Nausea
  - (2) Flank pain
  - (3) Fever
  - (4) Urinary frequency
  - (5) Question not attempted
58. What is the most common type of renal artery aneurysm?
- (1) Fusiform
  - (2) Saccular
  - (3) Dissecting
  - (4) Arteriovenous
  - (5) Question not attempted



59. Which of the following is a key mediator of renal fibrosis in obstructive nephropathy ?

- (1) Insulin-like Growth Factor (IGF-1)
- (2) Transforming Growth Factor- $\beta$ 1 (TGF- $\beta$ 1)
- (3) Atrial Natriuretic Peptide (ANP)
- (4) Epidermal Growth Factor (EGF)
- (5) Question not attempted

60. Pelvic kidney has hydronephrosis most commonly due to

- (1) Ureteropelvic junction obstruction
- (2) Ureterovesical junction obstruction
- (3) Malrotation
- (4) Vesicoureteral reflux
- (5) Question not attempted

61. Which of the following is a hallmark histologic feature of renal dysplasia ?

- (1) Mature glomeruli
- (2) Primitive ducts encircled by fibromuscular cells
- (3) Normal renal architecture
- (4) Absence of cysts
- (5) Question not attempted

62. Screening protocol for patients and families with von Hippel-Lindau disease. All are true EXCEPT

- (1) Annual physical examination
- (2) Annual 24 hour urine collection for metanephrines
- (3) Annual fundoscopy
- (4) Annual MRI brain
- (5) Question not attempted

63. Autosomal dominant tuberous sclerosis complex condition that include in classical triad are all EXCEPT

- (1) Epilepsy
- (2) Mental retardation
- (3) Adenoma sebaceum
- (4) Renal cyst
- (5) Question not attempted

64. What is a key difference in the clinical presentation of ectopic ureters between males and females ?

- (1) Males present with incontinence, while females present with infection.
- (2) Females present with incontinence, while males present with infection and pain.
- (3) Both males and females present with incontinence.
- (4) Both males and females present with infection.
- (5) Question not attempted



65. In the obstructed kidney, Epidermal Growth Factor (EGF) has been shown to

- (1) Accelerate interstitial fibrosis
- (2) Reduce glomerular sclerosis
- (3) Reduce renal apoptosis
- (4) Improve collecting duct function
- (5) Question not attempted

66. Which is false regarding extravesical procedure for ureteric reimplantation ?

- (1) Postoperative hematuria and bladder spasms are less frequent than intravesical reimplantation.
- (2) Neural injury can be minimized by dissecting dorsomedial to the UVJ.
- (3) Nerve branches travel on the medial border of the ureter just outside the Waldeyer sheath.
- (4) Continuing the detrusorotomy around the UVJ increases the incidence of voiding dysfunction.
- (5) Question not attempted

67. Which is true regarding ureterocele prolapse ?

- (1) They are usually congested, mucosal covered interlabial masses.
- (2) Voiding difficulty is characteristically absent.
- (3) The mass can sometimes appear to protrude from vagina.
- (4) It is lobulated in appearance.
- (5) Question not attempted

68. Renal blood flow markedly decline in unilateral ureteral obstruction after how many hours of obstruction ?

- (1) 2 hours      (2) 3 hours
- (3) 4 hours      (4) 5 hours
- (5) Question not attempted

69. After the perinatal period, what is the most common clinical presentation of a ureterocele ?

- (1) Incontinence
- (2) Urinary tract infection
- (3) Failure to thrive
- (4) Abdominal mass
- (5) Question not attempted

70. Most common located site of ureteral polyp

- (1) Uretero-Pelvic Junction (UPJ)
- (2) Mid uretric
- (3) Lower ureter
- (4) Uretero-Vesical Junction (UVJ)
- (5) Question not attempted

71. What is the primary concern when performing a simultaneous reimplantation and dismembered pyeloplasty in cases of high-grade vesicoureteral reflux (VUR) with UPJO ?

- (1) Increased risk of infection.
- (2) Compromised ureteral blood supply.
- (3) Longer operative time.
- (4) Higher recurrence rate of VUR.
- (5) Question not attempted



72. In the context of endoscopic correction of vesicoureteral reflux, what is the significance of achieving a "volcano-shaped mound" during injection of bulking agents?
- (1) It indicates complete obstruction of the ureter.
  - (2) It is associated with an 87% success rate for reflux resolution.
  - (3) It suggests excessive material injection requiring removal.
  - (4) It confirms the presence of a ureteral polyp.
  - (5) Question not attempted
73. All are surgical indication in a case of Primary Obstructed Megaureters (POMs) EXCEPT
- (1) Symptomatic and have recurring UTIs
  - (2) Progressive unremitting dilation on USG
  - (3) Differential renal function < 40%
  - (4) Decreases in renal function of <3% on sequential comparable renal nuclear function studies.
  - (5) Question not attempted
74. <sup>99</sup>Tc – MAG3 is preferred for diuretic renography. All are true EXCEPT
- (1) It has high extraction by the kidneys
  - (2) Slow clearance
  - (3) Low radiation dose
  - (4) Tubular secretion
  - (5) Question not attempted
75. The retroperitoneal approach for surgery in the pediatric population is not advisable
- (1) ureteropelvic junction obstruction patient having spinal deformity.
  - (2) ureteropelvic junction obstruction in a horseshoe kidney
  - (3) ureteropelvic junction obstruction with history of previous abdominal surgery
  - (4) ureteropelvic junction obstruction with obesity
  - (5) Question not attempted
76. Which imaging modality is recommended as the initial study for children with suspected nephrolithiasis?
- (1) Non-contrast CT scan
  - (2) Ultrasound
  - (3) MRI
  - (4) X-ray
  - (5) Question not attempted
77. Indication of a foley Y-V plasty in primary uretero-pelvic junction obstruction is
- (1) Large or redundant pelvic in Uretero Pelvic Junction Obstruction (UPJO)
  - (2) UPJO associated with a high insertion of the ureter.
  - (3) UPJO associated with extrinsic obstruction due to aberrant lower pole vessel.
  - (4) UPJO due to long upper uretric structure.
  - (5) Question not attempted



78. What is the primary metabolic abnormality in primary hyperoxaluria type 1 ?
- (1) Deficiency of Glyoxylate Reductase-Hydroxypyruvate Reductase (GRHPR)
  - (2) Defective Alanine-Glyoxylate Aminotransferase (AGT) enzyme
  - (3) Mutation in HOGA1 gene
  - (4) Overproduction of uric acid
  - (5) Question not attempted
79. What size of stone typically do not have an associated posterior acoustic shadow using modern ultrasound machines, transducers and software packages ?
- (1) < 4 mm
  - (2) 5 mm
  - (3) 5 mm to 6 mm
  - (4) 6 mm to 7 mm
  - (5) Question not attempted
80. Contemporary analysis of stones that formed during childhood show a similar distribution but there is slight differences. Which statement is true in stone distribution in childhood when we compare with adult in childhood ?
- (1) struvite stones being slightly more common and uric acid being less common.
  - (2) calcium phosphate stones being more common and uric acid being less common.
  - (3) uric acid stones being slightly more common and calcium phosphate being less common.
  - (4) calcium oxalate stones slightly more common and calcium phosphate being less common.
  - (5) Question not attempted
81. What is the most common cause of acute scrotum in prepubertal children ?
- (1) Testicular torsion
  - (2) Epididymitis
  - (3) Torsion of the appendix testis
  - (4) Varicocele
  - (5) Question not attempted
82. After manual detorsion of the spermatic cord, which of the following is appropriate management for acute scrotum ?
- (1) Immediate scrotal exploration
  - (2) Doppler examination of testis and spermatic cord
  - (3) Discharge from the hospital and advise follow up after one week.
  - (4) Advise analgesic and antibiotic and discharge.
  - (5) Question not attempted
83. Which type of inguinal hernia repair approach have highest success rates in children ?
- (1) Inguinal approach
  - (2) Sub-inguinal approach
  - (3) Scrotal approach
  - (4) Laparoscopic approach
  - (5) Question not attempted
84. The AUA and Endourological Society guidelines for the surgical management of urinary stones recommends that pediatric patients with uncomplicated ureteral stones  $\leq 10$  mm should be offered treatment (grade B level of evidence) is
- (1) URS
  - (2) SWL
  - (3) RIRS
  - (4) Observation with or without MET using  $\alpha$ -blockers
  - (5) Question not attempted



85. A 10 year old boy presenting with H/O weak urinary stream and narrow meatus like a pin hole with post H/O of hypospadias repair. Local genitalia examination reveals a faint white discoloration around meatus that seems to extend into ureters. The most effective treatment in this situation is

- (1) Topical steroids application for 6 weeks
- (2) Systemic tacrolimus and topical steroids
- (3) Meatotomy or skin flap repair
- (4) Excision of all affected tissue with two stage buccal graft urethroplasty.
- (5) Question not attempted

86. A seven month old infant diagnosed with distal penile hypospadias. On examination of external genitalia and groin, left testis palpated in the groin. What is next step to be done ?

- (1) Hypospadias repair now and orchiopexy in 6 months
- (2) Reassurance and advise both repair after 6 months.
- (3) Perform ultrasonography and reassurance
- (4) Obtain a karyotype
- (5) Question not attempted

87. Which of the following is NOT a common associated anomaly with congenital absence of the vas deferens ?

- (1) Renal agenesis
- (2) Cystic fibrosis
- (3) Epididymal cysts
- (4) Seminal vesicle agenesis
- (5) Question not attempted

88. Which hormone is primarily responsible for the swelling of the gubernaculum during testicular descent ?

- (1) Follicle-Stimulating Hormone (FSH)
- (2) Insulin-like 3 (INSL3)
- (3) Luteinizing Hormone (LH)
- (4) Anti-Müllerian Hormone (AMH)
- (5) Question not attempted

89. What is "mini-puberty" ?

- (1) Placental human chorionic gonadotropin stimulates a peak in androgen production at 14 to 16 weeks intrauterine life, this androgen surge known as mini puberty.
- (2) Reactivation of the hypothalamic pituitary gonadal axis occurs during neonatal period known as mini puberty.
- (3) Suppression of inhibin B at childhood known as mini puberty.
- (4) Suppression of Anti-Müllerian Hormone during childhood known as mini puberty.
- (5) Question not attempted

90. Which of the following is a surgical complication of hypospadias repair that is most commonly reported ?

- (1) Urethrocutaneous fistula
- (2) Meatal stenosis
- (3) Urethral diverticulum
- (4) Recurrent penile curvature
- (5) Question not attempted



91. What is the histological finding in cryptorchid testes that correlates best with an increased risk of infertility?

- (1) Decreased number of total germ cells
- (2) Absence of Ad spermatogonia
- (3) Hypertrophy of Sertoli cells
- (4) Excessive fibrosis of the tunica albuginea
- (5) Question not attempted

92. Undescended testis increases the risk of the following EXCEPT:

- (1) Reactive hydrocele
- (2) Infertility
- (3) Torsion testis
- (4) Testicular malignancy
- (5) Question not attempted

93. What is the most common initial complaint in girls with urethral prolapse?

- (1) Pain during urination
- (2) Bleeding
- (3) Urinary retention
- (4) Vaginal discharge
- (5) Question not attempted

94. Level of all the following hormones, elevation occur at puberty EXCEPT

- (1) Inhibin B
- (2) Follicular Stimulating Hormone (FSH)
- (3) Testosterone
- (4) Anti-Müllerian Hormone (AMH)
- (5) Question not attempted

95. Most common clinical presentation for Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome

- (1) Infertility
- (2) Primary Amenorrhea
- (3) Dyspareunia
- (4) Fever
- (5) Question not attempted

96. The "cut-back" vaginoplasty is rarely used today but it is only appropriate for

- (1) Low vaginal confluence
- (2) High vaginal confluence
- (3) Simple labial fusion
- (4) Use in Prader III and IV children
- (5) Question not attempted

97. Which of the following conditions is most commonly associated with 46, XX DSD (Disorders of Sexual Development)?

- (1) Swyer syndrome
- (2) Congenital adrenal hyperplasia
- (3) Androgen insensitivity syndrome
- (4) Turner syndrome
- (5) Question not attempted

98. Klinefelter's syndrome characterized by all EXCEPT

- (1) Eunuchoidism
- (2) Gynecomastia
- (3) Oligozoospermia
- (4) 47, XXY Karyotype
- (5) Question not attempted



99. In which of the following situations should effective cesarean section be performed for urological indication ?

- (1) Women with GFR  $< 40$  ml/min/m<sup>2</sup>
- (2) Women with artificial urinary sphincter
- (3) Women with an Augmentation cystoplasty
- (4) Women with a Neuropathic Bladder
- (5) Question not attempted

100. Which of the following is an absolute indication for operative intervention for renal trauma ?

- (1) Grade 4 renal injury
- (2) Renal arterial occlusion from blunt trauma
- (3) Hypotension that initially responds to fluid resuscitation
- (4) Pulsating hematoma at time of exploration
- (5) Question not attempted

101. In Persistent Müllerian Duct Syndrome (PMDS), which of the following molecular defects is most commonly responsible for the failure of Müllerian duct regression ?

- (1) Mutation in the SRY gene leading to defective testis determination.
- (2) Deficiency of 5 $\alpha$ -reductase type 2, impairing DHT synthesis.
- (3) Mutation in the AMH gene or AMH receptor type II.
- (4) Overexpression of WNT4, promoting Müllerian duct persistence.
- (5) Question not attempted

102. Which of the following syndrome is not associated with high risk with development of Wilms' tumor ?

- (1) WAGR syndrome
- (2) Denys-Drash syndrome
- (3) Beckwith-Weidemann's syndrome
- (4) Fanconi anemia D<sub>1</sub>
- (5) Question not attempted

103. Which of the following surgical techniques for clitoroplasty is most likely to preserve clitoral neurovascular bundles and minimize sensory loss ?

- (1) Complete excision of the corpora cavernosa without preserving the dorsal nerves.
- (2) Ventral longitudinal incision through the Buck fascia with subtunical excision of erectile tissue.
- (3) Transverse division of the corpora cavernosa without neurovascular dissection.
- (4) Denuding the glans epithelium to conceal the clitoris.
- (5) Question not attempted

104. Chromosomal abnormality associated with an adverse prognosis in Neuroblastoma is

- (1) MYCN oncogene at 12p24
- (2) Loss of Heterozygosity (LoH) on chromosome 11p13
- (3) Deletion of the short arm of chromosome 1(1p)
- (4) Mutation of the TP53 gene
- (5) Question not attempted



105. A 7 month old male is noted to have a right testicular mass. USG reveals a well circumscribed, heterogeneous cystic mass with calcification. Serum HCG is normal. Serum AFP is elevated at 85 ng/ml. The most likely appropriate treatment is

- (1) Radical inguinal orchiectomy
- (2) Staging CT scan
- (3) Inguinal exploration and biopsy and radical orchiectomy
- (4) Inguinal exploration, cord control, biopsy and partial orchiectomy
- (5) Question not attempted

106. Which genetic alteration is most strongly associated with the development of diffuse anaplastic Wilms' tumor ?

- (1) WT1 mutation
- (2) WTX deletion
- (3) TP53 mutation
- (4) 1p and 16q LOH
- (5) Question not attempted

107. Nephrogenic adenoma of Bladder is rarely associated with

- (1) Congenital anomalies
- (2) Recurrent infections
- (3) Radiation exposure
- (4) Bladder surgery
- (5) Question not attempted

108. In pediatric renal transplantation, what is the most common cause of ureteral obstruction ?

- (1) Lymphocele compression
- (2) Stenosis at the ureteral reimplantation site
- (3) Post-transplant Lymphoproliferative Disease (PTLD)
- (4) Bladder dysfunction
- (5) Question not attempted

109. Which is true regarding histology of Wilms' tumor after preoperative chemotherapy ?

- (1) The relative proportions of histological subtypes of Wilms' tumor do not change after chemotherapy.
- (2) Blastemal component responds poorly to chemotherapy.
- (3) The tumor may undergo rhabdomyomatous differentiation after chemotherapy.
- (4) The degree of tumor necrosis positively correlates with the proportion of epithelial component in the tumor.
- (5) Question not attempted

110. Which of the following is NOT a key component of the initial management of cloacal anomalies ?

- (1) Decompression of the gastrointestinal tract
- (2) Decompression of the genitourinary tract
- (3) Immediate definitive repair of the cloaca
- (4) Correction of nephron-destructive urinary anomalies
- (5) Question not attempted



111. Which of the following syndromes is NOT associated with an increased risk of rhabdomyosarcoma ?

- (1) Li-Fraumeni syndrome
- (2) Costello syndrome
- (3) Down's syndrome
- (4) Neurofibromatosis-1
- (5) Question not attempted

112. What is the most common location for a urine leak in renal trauma ?

- (1) Renal pelvis
- (2) Ureteropelvic junction
- (3) Renal laceration site
- (4) Bladder
- (5) Question not attempted

113. Which is true regarding ureteral injuries in children ?

- (1) They are more commonly seen with blunt trauma.
- (2) They are rarely missed at initial laparotomy for trauma.
- (3) If a ureteral injury is diagnosed at 5 days after injury in a stable patient, ureteral stent must be placed and repair should not be attempted.
- (4) Ureteral injuries in children are repaired similar to adults.
- (5) Question not attempted

114. Which is false regarding renal transplantation in children ?

- (1) UTIs are often delayed complication that reflect the status of bladder function.
- (2) Rising creatinine with hydronephrosis indicates obstruction and not rejection.
- (3) Bladder dysfunction may produce infection as well as obstruction leading to graft dysfunction.
- (4) Nephrolithiasis is seen in up to 5% of the patients.
- (5) Question not attempted

115. What is the recommended method for confirming pregnancy in females who have undergone urinary reconstruction with bowel ?

- (1) Urine pregnancy test
- (2) Serum HCG test
- (3) Serum prolactin
- (4) Physical examination
- (5) Question not attempted

116. What is the primary lymphatic landing site for paratesticular rhabdomyosarcoma ?

- (1) Inguinal lymph nodes
- (2) Retroperitoneal lymph nodes
- (3) Thoracic lymph nodes
- (4) Axillary lymph nodes
- (5) Question not attempted

117. Which is false regarding ovarian malignancies in children ?

- (1) Ovarian tumors represent 1% of childhood cancers.
- (2) Tumors of epithelial origin are very rare before puberty.
- (3) Gonadoblastomas occur in the setting of dysgenetic gonads and frequently present with metastasis.
- (4) 50% of ovarian masses in prepubertal girls are malignant.
- (5) Question not attempted



118. What is true regarding prepuce development in a male embryo ?

- (1) Preputial development is completed prior to the formation of glanular urethra.
- (2) Low preputial folds appear on both sides of the penile shaft at 8 weeks' gestation.
- (3) The preputial ridge forms at mid-glans and extends in both directions.
- (4) The early preputial ridge entirely encircles the glans.
- (5) Question not attempted

119. Which of the following statements is NOT TRUE of the sex determining region of the Y-chromosome (SRY) ?

- (1) Its expression triggers the primitive sex cord cells to differentiate into the sertoli cells.
- (2) Approximately 25% of sex reversal conditions in human are attributable to SRY mutations.
- (3) It is located on the short arm of the Y chromosome.
- (4) It causes the regression of mesonephric ducts.
- (5) Question not attempted

120. In terms of Embryology, the fetal kidney develops from which of the following embryonic structures ?

- (1) Lateral mesoderm
- (2) Paraxial (somite) mesoderm
- (3) Intermediate mesoderm
- (4) Neural tube
- (5) Question not attempted

121. Under normal circumstances, a child's GFR level reaches adult levels by

- (1) 1 year of age
- (2) 2 year of age
- (3) 3 year of age
- (4) 5 year of age
- (5) Question not attempted

122. Most common cause of end-stage renal disease in pediatric population

- (1) Aplasia / hypoplasia / dysplasia
- (2) Obstructive uropathy
- (3) Focal segmental glomerulosclerosis
- (4) Reflux nephropathy
- (5) Question not attempted

123. Which of the following structures in the male reproductive tract develops from the urogenital sinus ?

- (1) Appendix Epididymis
- (2) Prostate
- (3) Vas deferens
- (4) Testis
- (5) Question not attempted

124. Which of the following is matched correctly to the site of embryonic origin ?

- (1) Epoöphroon – Wolffian duct
- (2) Labia majora – Urethral folds
- (3) Cowper's glands – Vestibular folds
- (4) Corpora cavernosa – Genital tubercle of penis
- (5) Question not attempted



125. At what gestational age does urine production begin and can be detected on prenatal ultrasonography?

- (1) 8 weeks      (2) 14 weeks
- (3) 20 weeks    (4) 28 weeks
- (5) Question not attempted

126. Which of the following is a common complication of Chronic Kidney Disease (CKD) in children that is strongly associated with mortality?

- (1) Hyperkalemia
- (2) Protein malnutrition
- (3) Hypocalcemia
- (4) Metabolic alkalosis
- (5) Question not attempted

127. A 13 year old boy is seen in emergency department for evaluation of vomiting and decreased urine output. He has a Blood Urea Nitrogen (BUN) level = 40 mg/dL and a creatinine = 1.8 mg/dL. His urinary level of sodium = 20 meq/L, fractional excretion of sodium ( $FE_{Na}$ ) = 0.8% and urine osmolality = 600 mOsm/kg. The most likely cause of his elevated creatinine is:

- (1) Posterior urethral valves
- (2) Hemolytic uremic syndrome
- (3) Dehydration
- (4) Interstitial Nephritis
- (5) Question not attempted

128. Common complications of advanced chronic kidney diseases in children include all of the following EXCEPT:

- (1) Growth Hormone deficiency
- (2) Protein malnutrition
- (3) Erythropoietin deficiency
- (4) 1, 25 vitamin D insufficiency
- (5) Question not attempted

129. A fetus is diagnosed with lumbosacral myelomeningocele. Prenatal closure was performed at age 26 week's gestational age. The following possible outcomes of surgery EXCEPT

- (1) Increase motor skills
- (2) Increase cognitive skills
- (3) Decrease the need for a VP shunt
- (4) Improve urologic symptoms or urodynamic parameters
- (5) Question not attempted

130. In the management of postnatal Urinary Tract Dilation (UTD), what is the recommended timing for the second postnatal ultrasound scan in cases of P1 UTD as per the UTD classification?

- (1) Within 24 hours of birth
- (2) At 1 month of age
- (3) Between 3 and 6 months of age
- (4) After 1 year of age
- (5) Question not attempted

131. Which of the following is a common complication associated with fetal intervention for Lower Urinary Tract Obstruction (LUTO)?

- (1) Incomplete drainage
- (2) Premature labour
- (3) Urinary ascites
- (4) Chorioamnionitis
- (5) Question not attempted



132. Pediatric kidney is particularly susceptible to trauma due to EXCEPT

- (1) Limited visceral adipose tissue
- (2) Relatively decreased renal size
- (3) Limited chest wall protection
- (4) Increased mobility of the kidney
- (5) Question not attempted

133. Ampicillin and first generation cephalosporins should be strongly considered for use with neonates because of the increased incidence of which uropathogen ?

- (1) E.coli
- (2) Klebsiella
- (3) Pseudomonas
- (4) Enterococcus
- (5) Question not attempted

134. Recommendations for the consideration for surgery for ureteropelvic junction obstruction include all EXCEPT

- (1) Increased APD and urinary tract dilation on serial ultrasonography.
- (2) Decreased differential function lesser than 40% (<40%) on MAG3 renal scan
- (3) Delayed T½ lesser than 20 minutes (<20 minutes) MAG3 renal scan.
- (4) Increased retention of radio tracer on delayed upright imaging on MAG3 renal scan.
- (5) Question not attempted

135. Which is true regarding ultrasonography in children with VUR and renal scarring ?

- (1) It is not sensitive for detection of significant renal abnormalities.
- (2) Alone it is rarely useful for most cases of non-febrile and febrile UTI.
- (3) A normal sonogram is sufficient to risk-stratify a child with acute pyelonephritis.
- (4) Contrast-enhanced and non-contrast voiding sonography is the most accurate investigation for detection of early VUR.
- (5) Question not attempted

136. Which of the following antibiotics is contraindicated in infant less than 3 months of age ?

- (1) Nitrofurantoin
- (2) Tobramycin
- (3) Fluoroquinolones
- (4) Piperacillin
- (5) Question not attempted

137. What is the most common cause of prenatal hydronephrosis detected on prenatal ultrasonography ?

- (1) Ureteropelvic junction obstruction
- (2) Vesicoureteral reflux
- (3) Transient dilation of the collecting system
- (4) Posterior urethral valves
- (5) Question not attempted



138. The most common testicular tumor in prepubertal boys

- (1) Yolk sac tumor
- (2) Teratoma
- (3) Germ cell tumor
- (4) Rhabdomyosarcoma
- (5) Question not attempted

139. Which of the following is the most common cause of acute scrotal pain in prepubertal boys that requires emergent surgical intervention?

- (1) Epididymitis
- (2) Torsion of the testicular appendix
- (3) Testicular torsion
- (4) Hydrocele
- (5) Question not attempted

140. American Society of Anesthesiologist NPO (Nothing by Mouth) Status recommendations in children include EXCEPT

- (1) Minimum fasting period should be a 3 hour for clear liquids prior to anesthesia.
- (2) Minimum fasting period should be a 4 hour for breast milk prior to anesthesia.
- (3) Minimum fasting period should be a 6 hour for non-human milk prior to anesthesia.
- (4) Minimum fasting period should be an 8 hour for regular meal prior to anesthesia.
- (5) Question not attempted

141. There are four key elements to a successful diuretic renogram :

- (1) Hydration, selection of the appropriate region of interest (RoI), bladder drainage, timing of diuretic administration.
- (2) Hydration, selection of the appropriate region of interest, bladder drainage, timing of diuretic administered when collecting system minimally filled.
- (3) Sedation, selection of the appropriate region of interest, bladder drainage, timing of diuretic administration.
- (4) Hydration, selection of the appropriate region of interest tightly around the renal cortex, catheterization of the bladder on completion of the test, timing of diuretic administration.
- (5) Question not attempted

142. All of the following statements regarding prenatal sonography are true EXCEPT :

- (1) Amniotic fluid contains fetal urine before 10 – 12 weeks of age.
- (2) Urine fills the bladder in fetus by 20 week of age.
- (3) The fetal bladder never completely empties despite normal bladder cycling.
- (4) In the fetal kidney, prominent corticomedullary differentiation can be confused for hydronephrosis.
- (5) Question not attempted



143. Which of the following is false regarding renal tumors in children ?

- (1) Wilms' tumor accounts for >95% of renal cancers in children under 15 years of age.
- (2) Wilms' tumor is primarily sporadic but up to 40% may be associated with syndromes.
- (3) Congenital mesoblastic nephroma is the most common renal tumor in infants.
- (4) Rhabdoid tumors of the kidney occur in children less than 2 years of age.
- (5) Question not attempted

144. Which of the following statement defines a urinary tract infection in child ?

- (1) If a suprapubic aspiration was performed, then recovery of any organism defines a UTI.
- (2) For catheterized specimens, recovery of at least 10,000 CFU/ml is required to define UTI.
- (3) If the specimen was collected via a clean catch method, 50,000 CFU/ml are required.
- (4) No matter how the culture is collected, the presence of 10,000 CFU/ml defines a UTI.
- (5) Question not attempted

145. The "bottom-up" approach relies on

- (1) Voiding Cystourethrogram (VCUG) – following Ultrasonography (US) – to identify all cases of VUR that may result in overtreatment of low grade VUR.
- (2) US – following VCUG to identify all case of VUR
- (3) Replaces screening US with a DMSA renal scan to identify acute pyelonephritis.
- (4) Replaces screening US with DTPA renogram.
- (5) Question not attempted

146. What is the most common bacterial pathogen causing pediatric urinary tract infections (UTIs) ?

- (1) *Klebsiella*
- (2) *Proteus*
- (3) *Escherichia coli*
- (4) *Enterococcus*
- (5) Question not attempted

147. Perioperative Anaphylaxis management include all except

- (1) Immediate cessation of the drug
- (2) 100% oxygen
- (3) Reverse Trendelenburg positioning
- (4) Aggressive fluid therapy
- (5) Question not attempted

148. The initial sign of malignant hyperthermia intraoperative include all EXCEPT

- (1) Unexplained hypercarbia
- (2) Sinus tachycardia
- (3) Masseter muscle spasm
- (4) Severe metabolic acidosis
- (5) Question not attempted

149. Which of the following is a poor predictor of UTI in a child upto 24 months of age with fever ?

- (1) Fever >40 °C
- (2) Poor feeding and irritability
- (3) History of previous UTI
- (4) Suprapubic tenderness
- (5) Question not attempted

150. Which of the following is a common limitation of prenatal sonography ?

- (1) High amniotic fluid volume
- (2) Maternal body habitus
- (3) Fetal movement
- (4) Excessive fetal urine production
- (5) Question not attempted



## रफ कार्य के लिए स्थान / SPACE FOR ROUGH WORK

