Regn. No._____ Subject Code: MBBS402

M.B.B.S. THIRD PROFESSIONAL PART – II EXAMINATION, FEBRUARY-2025
GENERAL SURGERY
PAPER - SECOND

[Time allotted: Three hours] SET - A [Max Marks: 100]

Q. 1. Multiple choice questions **(Darken the single best response in OMR sheet. Time allotted 20 minutes) (20 x 01 = 20)**

GENERAL SURGERY

1. A patient presents with sudden onset of chest pain shooting to the neck and interscapular region. X-ray shows widened mediastinum. BP is 110/90 mm Hg in the right upper limb and 160/100 mmHg in the left upper limb. What is the most likely diagnosis?
   a. Acute coronary syndrome
   b. Acute pulmonary embolism
   c. Acute aortic dissection
   d. Esophageal rupture
2. A 50 year old patient with a history of trauma one week back presents with confusion and ataxia. He is on treatment for alcohol dependence and his last intake was 2 weeks back. CT scan reveals crescent shaped hyperdense collection. What is the diagnosis?
   a. Extradural hemmorhage
   b. Subdural hemmorhage
   c. Intra-parenchymal hemmorhage
   d. Subarachnoid hemmorhage
3. A 23 year old male patient presents with midline swelling in the neck. The swelling moves with deglutition and protrusion of tongue. What is the likely diagnosis?
   a. Brachial cyst
   b. Thyroglossal cyst
   c. Plunging ranula
   d. Dermoid cyst
4. A 54 year old woman presents with breast cancer. It is decided to give neoadjuvant chemotherapy. What does neoadjuvant chemotherapy mean?
   a. Chemotherapy is given along with radiation
   b. Chemotherapy is given during surgery
   c. Chemotherapy is given before radical surgery to reduce the bulk of tumour
   d. Chemotherpay is given after radical surgery for micromets
5. A 59 year old female presents with a progressive, painless lump in the breast with peau d' orange appearence. What is the cause of the following skin change?
   a. Infiltration of subdermal lymphatics
   b. Infiltration of the lactiferous duct
   c. Involvement of Cooper's Ligament
   d. Spread of the tumour to anterior chest wall
6. A patient with varicose veins complains of eczema over the same region. What is the stage of the clinical classification according to the CEAP guidelines?
   a. C2
   b. C3
   c. C4a
   d. C4b
7. In a 50 kg adult, how much of fluid should be given in first 8 hours if burns percentage is 40%?
   a. 2 litres
   b. 4 litres
   c. 8 litres
   d. 6 litres
8. Massive blood transfusion is defined as
   a. Whole blood volume in 24 hours
   b. Half blood volume in 24 hours
   c. 40% blood volume in 24 hours
   d. 60% blood volume in 24 hours
9. Reactionary hemmorhage occurs:
   a. After 24 hours
   b. After 48 hours
   c. Within 24 hours
   d. After 7 days
10. A 30 year old female presents with a diffuse thyroid swelling. On investigation, TSH levels were elevated. Postoperative HPE reports showed intense lymphocytic infiltration and Hurthle cells. Which of the following is the most likely diagnosis?
    a. Grave's Disease
    b. Hashimoto's thyroiditis
    c. Follicular carcinoma
    d. Medullary thyroid carcinoma

ORTHOPAEDICS

11. U cast is used in:
    a. Fracture radius
    b. Fracture humerus
    c. Fracture femur
    d. Fracture tibia
12. "Looser' zone" is characteristic of:
    a. Scurvy
    b. Osteomalacia
    c. Hyperparathyroidism
    d. Paget's disease
13. Commonest type of Shoulder joint dislocation is:
    a. Anterior
    b. Posterior
    c. Inferior
    d. Superior
14. Cock up splint is used in injury of:
    a. Axillary nerve
    b. Ulnar nerve
    c. Median nerve
    d. Radial nerve
15. Pott's spine is commonest at _____ spinal level:
    a. Thoracolumbar
    b. Sacral
    c. cervical
    d. Lumbosacral

ANAESTHESIA

16. Which Local Anaesthetic is more cardiotoxic.
    a. Lignocaine
    b. Bupivacaine
    c. Ropivacaine
    d. Levobupivacaine
17. COMPRESSION RATE in Basic Life Support is
    a. 80 -90 compressions per minute
    b. 100-150 compressions per minute.
    c. 100-120 compressions per minute
    d. 60-100 compressions per minute

RADIODIAGNOSIS

18. Thyroid nodule with micro-calcifiations in USG --
    a. Increases the risk of malignancy
    b. Decreases the risk of malignancy
    c. Is equivocal finding
    d. Is a benign finding
19. Perfusion imaging brain is helpful in identifying-
    a. Presence of infarct
    b. Middle cerebral artery thrombosis
    c. Salvageable brain tissue in stroke
    d. Carotid artery patency
20. Thin visible pleural line with loss of broncho-vascular markings outside is a sign of
    a. Pneumothorax
    b. Pleural effusion
    c. Cardiac edema
    d. Emphysema

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Note: **Attempt Section-B (Part B - Orthopaedics) in separate answer sheet provided.**
Draw suitable diagrams (wherever necessary)

SECTION – A
(General Surgery)

Q. 2. Give reasons why: **(5 x 2 = 10)**

a. Lucid interval is seen in extradural hematoma (EDH) and not in any other traumatic brain injury
b. Thyroglossal cyst moves with deglutition and protrusion of tongue
c. Peau d orange appearance is seen in a case of carcinoma breast
d. Lignocaine with adrenaline injection is avoided in circumcision
e. Intestinal tuberculosis presents with subacute intestinal obstruction (SAIO)

Q. 3. Problem based question: **(2+2+2+2+2=10)**

A 35 year old female presented to surgical OPD with complaint of swelling in the neck since 6 months. Swelling was painless, progressively increasing in size. Patient experiences dysphagia. History of irregular menses with loss of hair in the scalp region present. On examination, swelling is soft in consistency, non pulsatile with well defined margins with smooth texture. Pt is giving a history of tremors and anxiety. It moves with deglutition. No evidence of any stridor/wheeze/respiratory distress.

a. Based on the above history and examination, what is your probable diagnosis?
b. What are the various causes of midline neck swelling?
c. Which investigations will help you confirm your probabale diagnosis?
d. How will you manage this patient?
e. How will you follow up this patient post discharge?

Q. 4. Structured question: **(2+2+2+4=10)**

(i) Describe the etiopathogenesis, risk factors, clinical features and management of Carcinoma Breast.

Q. 5. Describe briefly: **(3+3+4=10)**

a. Life cycle of Ascaris lumbricoides. How will you manage a patient with ascariasis?
b. Classification of burns. What measures will be taken to manage a patient with thermal burns?
c. Describe the various medico-legal, socio-cultural, professional and ethical issues pertaining to malpractice.

SECTION-B (Part-A)
(Anaesthesiology, Radiodiagnosis)

Q. 6. Short notes: (Anaesthesiology) **(2 x 4 = 08)**

a. Describe the principles of Preoperative assessment in a patient posted for surgery.
b. Describe the adverse effects of rapid blood transfusion.

Q. 7. Short notes: (Radiodiagnosis) **(3 x 4 = 12)**

a. Radiological investigations for breast cancer evaluation
b. Pituitary imaging
c. Pleural tapping

SECTION – B (Part-B) – (Orthopaedics)
Attempt this Section in the separate answer sheet provided

Q. 2. Structured question: (Orthopaedics) **(2 x 7.5 = 15)**

(i) Outline the clinical features, classification and management of supracondylar fracture of humerus.
(ii) Discuss the etiopathogenesis, clinical features and management of acute Osteomyelitis.

Q. 3. Short notes: (Orthopaedics) **(2 x 2.5 = 05)**

a. Compartment Syndrome
b. Giant cell tumour

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