

## PROVISIONAL ANSWER KEY

|                      |  |
|----------------------|--|
| Question Paper Code: | 87/2026/OL   |
| Category Code:       | 686/2025   |
| Exam:                | Assistant Professor in<br>Surgical<br>Gastroenterology |
| Date of Test         | 09-05-2026   |
| Department           | Medical Education                                      |

Question1:-Commonly used option for esophageal replacement if stomach is not available

A:-Pedicled jejunal graft

B:-Free jejunal graft

C:-Colon

D:-Thoracic skin tube

Correct Answer:- Option-C

Question2:-The best investigation to detect a delayed emptying in the stomach conduit after esophageal replacement is

A:-Nuclear scan for emptying with radio labelled meal

B:-Upper gastrointestinal endoscopy

C:-Barium upper GI series

D:-Manometry

Correct Answer:- Option-A

Question3:-Primary modality of treatment for cervical esophageal tumor is

A:-Esophagectomy with three-field lymphadenectomy

B:-Primary chemoradiation

C:-Esophagectomy with adjuvant chemoradiation

D:-Neoadjuvant chemoradiation, esophagectomy, adjuvant chemoradiation

Correct Answer:- Option-B

Question4:-Mucosal injury detected during cardiomyotomy for achalasia is best managed by

A:-Primary repair of the mucosal defect

B:-Addition of Toupet's fundoplication

C:-Addition of 360 degree wrap

D:-Nasogastric tube placement with expectant management will heal most of the perforations

Correct Answer:- Option-A

Question5:-Free perforations to the thoracic cavity following balloon dilatation for achalasia cardia usually requires

A:-Esophagectomy

B:-Most of the perforations usually settle with expectant management

C:-Covered metallic stenting

D:-Esophageal diversion and feeding jejunostomy

Correct Answer:- Option-A

Question6:-Early gastric cancer is

A:-Restricted to Mucosa only

B:-Restricted to mucosa and or submucosa

C:-Doesn't not have lymphnode metastasis

D:-All tumors less than 2 cm

Correct Answer:- Option-B

Question7:-Endoscopic ultrasound is commonly used in carcinoma stomach

A:-To assess the distant metastasis

B:-To assess the depth of tumor in the wall of the stomach

C:-To assess the tumor necrosis ratio

D:-To assist in percutaneous needle biopsy

Correct Answer:- Option-B

Question8:-The commonly used oral contrast agent to study carcinoma stomach in high resolution computed tomography is

A:-Meglumine diatrizoate

B:-Thin barium solution

C:-Water

D:-Sodium amidotrizoate

Correct Answer:- Option-C

Question9:-Following lymphnode group is not included in the radical D2 lymphadenectomy in carcinoma proximal stomach

A:-Greater omental nodes

B:-Nodes along the left gastric artery

C:-Nodes near the fundus of stomach

D:-Superior mesenteric artery lymphnodes

Correct Answer:- Option-D

Question10:-American Joint Committee on Cancer (AJCC) staging 7th edition classify N stage in carcinoma stomach

A:-Based on nodal stations

B:-Based on size of lymphnodes

C:-Based on number of positive lymphnodes

D:-Based on positive lymphnode versus total lymphnode retrieved at operation ratio

Correct Answer:- Option-C

Question11:-Management of a duodenal stump blow out detected on the fifth day of operation usually does not include

A:-Immediate re-exploration and closure

B:-Percutaneous external drainage of collection

C:-Continuing oral feeds

D:-Partial parenteral nutrition

Correct Answer:- Option-A

Question12:-Investigations available to study delayed gastric emptying include

A:-Ultrasonogram

B:-Electrogastrography

C:-Nuclear scintigraphy

D:-All of the above

Correct Answer:- Option-D

Question13:-The radioisotope commonly used to study gastric emptying along with a standard solid meal is

A:-Technetium 99 m

B:-Iodine 131 m

C:-Selenium 77 m

D:-Fluorodeoxyglucose

Correct Answer:- Option-A

Question14:-The commonest vessel associate with a peptic ulcer bleed is

A:-Right hepatic artery

B:-Gastroduodenal artery

C:-Inferior pancreaticoduodenal artery

D:-Right gastric artery

Correct Answer:- Option-B

Question15:-Following is not a common association of chronic duodenal ulcer

A:-Bilio-enteric fistula

B:-Gastric outlet obstruction

C:-Gastroparesis

D:-Carcinoma stomach

Correct Answer:- Option-D

Question16:-Ampullectomy is indicated in

A:-Carcinoma head of pancreas

B:-Infiltrating carcinoma ampulla

C:-Papillary type ampullary carcinoma

D:-Lower bile duct cancer

Correct Answer:- Option-C

Question17:-

Endoscopic retrograde cholangiography is performed using

A:-Side viewing endoscope

B:-

Endoscopic ultrasound

C:-Push enteroscope

D:-Forward viewing endoscope

Correct Answer:- Option-A

Question18:-Endoscopic choledochoduodenostomy is usually performed for

A:-Pre-operative biliary drainage

B:-Choledochal cyst

C:-Duodenal diverticulum

D:-Benign biliary stricture

Correct Answer:- Option-A

Question19:-Following is the definite step during performance of endoscopic retrograde cholangiography

A:-Contrast cholangiogram

B:-Shincterotomy

C:-Guidewire insertion

D:-Establishment of flow of golden yellow bile

Correct Answer:- Option-C

Question20:-Percutaneous transhepatic cholangiography is commonly indicated in

A:-Assessment of hilar cholangiocarcinoma

B:-Pre-operative biliary drainage for hilar tumors

C:-Metallic stenting for unresectable hilar carcinoma

D:-All of the above

Correct Answer:- Option-D

Question21:- Which feature distinguishes Type III achalasia from distal esophageal spasm?

A:-DL < 4.5 sec

B:-Elevated IRP

C:-Premature contractions

D:-Chest pain

Correct Answer:- Option-B

Question22:-Which condition has worst response to pneumatic dilation?

A:-Type I achalasia

B:-Type II achalasia

C:-Type III achalasia

D:-EGJOO

Correct Answer:- Option-C

Question23:-Which HRM feature defines premature contraction?

A:-DL < 4.5 sec

B:-DCI >8000

C:-IRP > 15

D:-Failed peristalsis

Correct Answer:- Option-A

Question24:-Which condition shows absence of RAIR?

A:-Ulcerative colitis

B:-Prolapse Rectum

C:-IBS

D:-Hirschsprung disease

Correct Answer:- Option-D

Question25:-Which nerve supplies the external anal sphincter?

A:-Pelvic splanchnic

B:-Pudendal nerve

C:-Hypogastric nerve

D:-Sciatic nerve

Correct Answer:- Option-B

Question26:-Most common complication after Whipple resection is:

A:-Post pancreatectomy hemorrhage

B:-Pancreatic fistula

C:-Delayed gastric emptying

D:-Biliary fistula

Correct Answer:- Option-C

Question27:-Best drug for MSI high pancreatic tumour is:

A:-Gemcitabine

B:-Pembrolizumab

C:-Erlotinib

D:-Bevacizumab

Correct Answer:- Option-B

Question28:-Targeting Hedgehog pathway in pancreatic cancer is aimed to:

A:-Kill tumour cells directly

B:-Reduce stromal barrier

C:-Increase neoangiogenesis

D:-Impair immune mechanisms

Correct Answer:- Option-B

Question29:-Chemotherapy in CROSS Regimen includes:

A:-Cisplatin + 5-FU

B:-CAPOX

C:-FOLFIRINOX

D:-Carboplatin + Paclitaxel

Correct Answer:- Option-D

Question30:-PD-L1 Expression in oesophageal cancer predicts response to:

A:-Chemotherapy

B:-Radiotherapy

C:-Immunotherapy

D:-Surgery

Correct Answer:- Option-C

Question31:-Mechanism of action of Atezolizumab is

A:-Anti-VEGF

B:-PD-L1 inhibitor

C:-Tyrosine kinase inhibitor

D:-Chemotherapy

Correct Answer:- Option-B

Question32:-Patient with PSC and early hilar cholangiocarcinoma, the best option is:

A:-Resection

B:-Chemotherapy

C:-Radiotherapy

D:-Neoadjuvant therapy + Transplant

Correct Answer:- Option-D

Question33:-A lesion shows

- Arterial enhancement,
- No washout
- Capsule present

LI-RADS category is?

A:-LR-2

B:-LR-3

C:-LR-4

D:-LR-5

Correct Answer:- Option-C

Question34:-A patient with diffuse GB wall thickening, intramural nodules, and gallstones. Most likely diagnosis is?

A:-Carcinoma GB

B:-Metastasis

C:-Adenoma

D:-Xanthogranulomatous cholecystitis

Correct Answer:- Option-D

Question35:-A positive CRM in rectal cancer is defined as:

A:-Tumour within 5 mm

B:-Tumour within 3 mm

C:-Tumour within 2 mm

D:-Tumour within 1 mm

Correct Answer:- Option-D

Question36:-Which of the following predicts poor prognosis in colorectal cancer?

A:-KRAS mutation

B:-MSI-high

C:-Early stage tumour

D:-Well-differentiated tumour

Correct Answer:- Option-A

Question37:-BRAF V600E mutated colorectal cancer is associated with:

A:-Good prognosis

B:-Left-sided tumour

C:-Poor prognosis

D:-Better response to EGFR inhibitors

Correct Answer:- Option-C

Question38:-DOG1 positivity is seen in:

A:-Adenocarcinoma colon

B:-GIST

C:-GI Lymphoma

D:-Carcinoid tumour

Correct Answer:- Option-B

Question39:-Peptide receptor radionuclide therapy (PRRT) uses:

A:-Lutetium-177

B:-Iodine-131

C:-Technetium

D:-Fluorine

Correct Answer:- Option-A

Question40:-A gastric GIST with PDGFRA D842V mutation presents with metastatic disease. Best treatment is?

A:-Imatinib

B:-Sunitinib

C:-Avapritinib

D:-Regorafenib

Correct Answer:- Option-C

Question41:-A 60-year-old patient, post-operative day 3, after major hepatectomy develops jaundice, coagulopathy, and encephalopathy. Which of the following is diagnostic for post hepatectomy liver failure?

A:-Increasing Bilirubin and INR

B:-Creatinine ↑

C:-Na ↓

D:-Hb ↓

Correct Answer:- Option-A

Question42:-A 45-year-old male with alcohol-induced pancreatitis presents with hypotension, tachypnea, and oliguria. Most important early management includes:

A:-Broad spectrum Antibiotics

B:-Moderately aggressive IV fluids

C:-Steroids

D:-Surgery

Correct Answer:- Option-B

Question43:-All of following are causes of acute liver failure except:

A:-Cocaine

B:-Fatty liver of pregnancy

C:-Red phosphorus

D:-Hepatitis C

Correct Answer:- Option-D

Question44:-Which of the following are prognostic factors in fulminant hepatic failure except?

A:-Age

B:-Etiology of acute liver failure

C:-Encephalopathy

D:-Body surface area

Correct Answer:- Option-D

Question45:-Which of the following statements regarding Central Venous Pressure (CVP) is/are correct?

A:-CVP reliably predicts fluid responsiveness

B:-CVP reflects right ventricular preload

C:-Dynamic indices are superior to CVP for guiding fluids

D:-CVP is unaffected by intrathoracic pressure

Correct Answer:- Option-C

Question46:-Low tidal volume ventilation (typically 4-8 ml/kg predicted body weight) in ARDS primarily reduces: -

A:-Atelectrauma

B:-Volutrauma

C:-Barotrauma

D:-Oxygen toxicity

Correct Answer:- Option-B

Question47:-A patient with septic shock shows high cardiac output and low SVR. This is:

A:-Cardiogenic shock

B:-Hypovolemic shock

C:-Distributive shock

D:-Obstructive shock

Correct Answer:- Option-C

Question48:-Which statements about PEEP is incorrect?

A:-Prevents alveolar collapse

B:-Always improves cardiac output

C:-Can reduce venous return

D:-Improves oxygenation

Correct Answer:- Option-B

Question49:-Which modality is preferred for Renal Replacement Therapy in hemodynamically unstable ICU patients?

- A:-Intermittent hemodialysis
- B:-Peritoneal dialysis
- C:-Continuous renal replacement therapy
- D:-Hemoperfusion

Correct Answer:- Option-C

Question50:-Oxygen delivery ( $DO_2$ ) depends on:

- A:-Cardiac output
- B:-Hemoglobin
- C:-Oxygen saturation
- D:-All of the above

Correct Answer:- Option-D

Question51:-Early enteral nutrition is preferred because:

- A:-Reduces infection
- B:-Maintains gut integrity
- C:-Reduces bacterial translocation
- D:-All of the above

Correct Answer:- Option-D

Question52:-Preferred sedative for mechanically ventilated patients:

- A:-Diazepam
- B:-Propofol
- C:-Haloperidol
- D:-Phenytoin

Correct Answer:- Option-B

Question53:-Rapid correction of hyponatremia may cause: -

- A:-Cerebral edema
- B:-Osmotic demyelination syndrome
- C:-Seizures
- D:-Hypokalemia

Correct Answer:- Option-B

Question54:-Best predictor of weaning success:

- A:-Tidal volume
- B:-RSBI (Rapid shallow breathing index)
- C:-PaO<sub>2</sub> alone
- D:-Respiratory rate

Correct Answer:- Option-B

Question55:-What is the Interpretation of the following ABG value: pH 7.20, PaCO<sub>2</sub> 50, HCO<sub>3</sub><sup>-</sup> 18?

- A:-Pure metabolic acidosis
- B:-Mixed metabolic + respiratory acidosis
- C:-Respiratory alkalosis
- D:-Compensated

Correct Answer:- Option-B

Question56:-Regarding Low Maximum Amplitude (MA), Which of the following are correct?

- A:-Indicates platelet dysfunction
- B:-Indicates low fibrinogen
- C:-Managed with platelets and cryoprecipitate
- D:-All of the above

Correct Answer:- Option-D

Question57:-Which statements are correct?

- A:-LY30 represents fibrinolysis
- B:-Increased LY30 suggests hyperfibrinolysis
- C:-Treated with tranexamic acid
- D:-All are correct

Correct Answer:- Option-D

Question58:-Patient develops high fever and hypotension during platelet transfusion. Most likely cause?

- A:-Viral infection
- B:-Bacterial contamination
- C:-ABO mismatch
- D:-Allergy

Correct Answer:- Option-B

Question59:-Severe thrombocytopenia occurs 7 days after transfusion. What is the Diagnosis amongst the following?

- A:-Disseminated Intravascular Coagulation
- B:-Post-transfusion purpura
- C:-Immune Thrombocytopenic purpura
- D:-Heparin Induced thrombocytopenia

Correct Answer:- Option-B

Question60:-Regarding Heparin Effect and Thromboelastography, Which of the following statements is incorrect?

- A:-Heparin prolongs R time
- B:-Heparinase-modified TEG can identify heparin effect
- C:-Protamine reverses heparin-induced TEG changes
- D:-Heparin reduces MA

Correct Answer:- Option-D

Question61:-Best initial modality of imaging in the evaluation of patients with suspected chronic pancreatitis is

A:-MRI Abdomen

B:-CECT Abdomen

C:-Endoscopic ultrasound

D:-ERCP

Correct Answer:- Option-B

Question62:-A 29-year old male presents with repeated episodes of pain -abdomen over the last 2 years. He is a smoker and consumes alcohol regularly for the past 10 years. He is evaluated and diagnosed with chronic pancreatitis. All are true about conservative management except:

A:-He should stop smoking and drinking alcohol immediately

B:-Pain management starts with NSAIDS which are -prescribed round the clock

C:-NSAIDS are supported by adjuvant medication (i.e., antidepressants, anticonvulsants) to maximise benefit

D:-Intravenous medications are preferred first to ensure compliance followed by oral medications

Correct Answer:- Option-D

Question63:-A 45-year old male presents with recurrent episodes of severe epigastric pain radiating to back. He is diagnosed with chronic pancreatitis with inflammatory head mass. All are acceptable procedures for treatment except

A:-Partington-Rochelle procedure

B:-Frey procedure

C:-Beger procedure

D:-Whipple procedure

Correct Answer:- Option-A

Question64:-Indicators of poor outcome in chronic pancreatitis include all except:

A:-Long segment stenosis of pancreatic duct

B:-Extensive calcifications in pancreatic duct

C:-Unsuccessful therapy after 12 months

D:-Proximal stenosis of pancreatic duct

Correct Answer:- Option-D

Question65:-Who is not at a high risk for gallstone formation?

A:-35-year old morbidly obese lady undergoing Roux-en-y gastric bypass

B:-A 60-year old male with hepatocellular carcinoma on Nivolumab therapy

C:-A 15-year old girl with Hereditary spherocytosis

D:-A 55-year old male undergoing heart transplant

Correct Answer:- Option-B

Question66:-You are performing a cholecystectomy on a 35-year old lady with symptomatic cholelithiasis. The Calots triangle appears frozen. There has been no progress despite 2 hours of slow and meticulous dissection. All are acceptable recourses except:

A:-Fundus first approach

B:-Conversion to open procedure

C:-Intraoperative cholangiogram

D:-Subtotal cholecystectomy

Correct Answer:- Option-A

Question67:-A 45-year old lady presents with history of recurrent episodes of right upper quadrant pain at night few hours after dinner for the past 2 months. Pain was moderately severe in intensity and required a visit to a nearby clinic and resolved in 1-2 hours with medical management. She is currently pain free. Ultrasound shows distended gall bladder with 2 calculi sized 8mm and 9 mm and normal wall thickness. CBD is normal. Intrahepatic biliary radicles are normal. Her LFT is as follows: T. Bilirubin 0.6 mg/dL, AST 26 IU/L, ALT 19 IU/L, ALP 110 IU/L, GGT 25 IU/L, Albumin 3.9g/dL. What is the next best option for her management?

A:-MRCP

B:-ERCP

C:-Laparoscopic cholecystectomy

D:-UGI endoscopy

Correct Answer:- Option-C

Question68:-Features of severe ulcerative colitis according to True love and Witt's criteria are all except:

A:-Heart rate > 90

B:-Stool frequency > 3 times

C:-ESR > 30

D:-Fever > 37.5

Correct Answer:- Option-B

Question69:-A 35-year-old male is diagnosed presents with pain abdomen associated with intermittent episodes of vomiting. He is evaluated extensively and diagnosed with Crohns's disease and labelled A2L1B2. This indicates:

A:-Ileal Crohns with stricturing disease without perianal involvement

B:-Ileocolonic Crohns with penetrating disease without perianal involvement

C:-Ileal Crohns with penetrating disease with perianal involvement

D:-Ileocolonic Crohns with stricturing disease with perianal involvement

Correct Answer:- Option-A

Question70:-Maneuvers for increasing reach of the ileal J pouch are all except:

A:-Complete lysis of all adhesions

B:-Complete mobilization of the small bowel mesentery over the duodenum

C:-Convert to W pouch

D:-Ligation of ileocolic pedicle and excising a window of peritoneum

Correct Answer:- Option-C

Question71:-Core components of informed consent include:

A:-Age, Nationality, Signature, Date

B:-Mental Competence, full disclosure of information, Understanding, Voluntariness

C:-Diagnosis, Prognosis, Treatment Plan, Cost

D:-Patient name, Physician name, Procedure name, Hospital name

Correct Answer:- Option-B

Question72:-A 35-year-old male diagnosed with Gonorrhoea decides to apply for swimming classes. He seeks help from a physician to sign a form. He refuses. A day later the doctor sees the man about to enter a pool and informs the authorities. The patient sues him for breaching his confidentiality. Which is true?

A:-The doctor would be held guilty of breach of patient privacy

B:-He would be warned and left since it is his first time

C:-The hospital board should suspend him as he is bringing bad reputation

D:-The case should be dismissed as he acted in public interest

Correct Answer:- Option-D

Question73:-A doctor is treating a patient for diabetes on insulin. The patient is incriminated in a murder case and the doctor is called as a witness in the court. He is questioned regarding the patients illness and access to insulin.

I. In all cases, the doctor should appeal to the Judge before disclosing a professional secret.

II. If the Court does not accept this plea, he may request the Court that he may be allowed to give the answer in writing so that the public may not know.

III. If this is denied by the Court. the doctor has to answer the questions about the patient's confidential matters.

IV. He should disclose all information to the court, irrespective whether it is asked or not.

True are:

A:-I, II, III

B:-I, III, IV

C:-II, III, IV

D:-I, II, IV

Correct Answer:- Option-A

Question74:-Formal relationship between patient and doctor refers to:

A:-They should not form a personal bonds or friendship outside of the hospital

B:-The doctor is not under obligation to provide any information about his report to the patient

C:-The doctor can refuse to treat an unaccompanied minor

D:-The doctor can refuse to treat a patient after his working hours

Correct Answer:- Option-B

**Question75:-**An unidentified patient is brought to the emergency department unconscious following a car accident with a severe head injury and requires immediate emergency surgery. Which of the following is an exception that allows the physician to treat without formal informed consent in this situation?

A:-Therapeutic Privilege

B:-Implied Consent

C:-Emergency Exception

D:-Waiver of Consent

**Correct Answer:- Option-C**

**Question76:-**“Therapeutic privilege” is an exception to informed consent that allows a physician to withhold information, but it is highly limited. When is it generally acceptable?

A:-When the physician knows the patient will refuse the treatment

B:-When the patient is known to be litigation-prone

C:-When disclosing information poses a severe and immediate threat to the patient’s psychological well-being

D:-When the family asks the doctor to withhold the diagnosis

**Correct Answer:- Option-C**

**Question77:-**A class is on a camp to a remote area when a child develops acute pain abdomen. The child is taken to a hospital and diagnosed with acute appendicitis. Which is best course of action?

A:-The child should be immediately sent back home as parents are not available for consent. It would take 24 hours to reach home

B:-The doctors don’t need consent as this is an emergency

C:-The class teacher should give consent by loco parentis

D:-Parents should give consent telephonically to doctors

**Correct Answer:- Option-C**

**Question78:-**A patient asks for a copy of their medical records. According to privacy regulations, the clinic must: -

A:-Refuse, as medical records are the property of the physician

B:-Only provide the records if the patient pays a high administrative fee

C:-Only provide a verbal summary to prevent the patient from misunderstanding technical terms

D:-Provide the records, as it is the patient's right

**Correct Answer:- Option-D**

**Question79:-**Which of these is not unethical behaviour according to Indian Medical Council Regulations 2002?

A:-Printing of self photograph, or any such material of publicity in the letterhead or on sign board of the consulting room

B:-Formal announcement in press on change of type of practice

C:-Soliciting of patients

D:-Receiving any gift or, commission in return for the referring any patient

**Correct Answer:- Option-B**

**Question80:-**False about professional misconduct is:

A:-Medical council issues an exhaustive list of misconducts that risk a warning notice being issued

B:-Training and issuing certificates of efficiency to midwives or technical assistants may construe misconduct

C:-Any form of alleged professional misconduct may be investigated on its own merit and warning notice issued

D:-Failure to obtain consent of both husband and wife for an operation which may result in sterility

**Correct Answer:- Option-B**

**Question81:-**A 18 year female patient was diagnosed to have an autosomal dominant disorder with Familial adenomatous polyposis and underwent prophylactic colectomy. Which of the following extra intestinal manifestations is not likely to be associated?

A:-Hemangioblastoma

B:-Desmoid tumors

C:-Congenital hypertrophy of the retinal pigment epithelium

D:-CNS tumours

**Correct Answer:- Option-A**

Question82:-A 16-year-old-male with a confirmed APC mutation undergoes genetic counselling. His colonoscopy reveals >1000 adenomatous polyps carpeting the colon with dense rectal involvement. Which of the following is the MOST appropriate timing of prophylactic colectomy?

A:-Put off as long as possible as there is clear evidence of malignancy

B:-Immediately

C:-Within 3 months

D:-Life long Surveillance

Correct Answer:- Option-C

Question83:-28-year-old woman with FAP has 600 colonic adenomas and 10 rectal adenomas. She is reliable for follow-up. Family history is significant for aggressive desmoid tumors. What is the best surgical option?

A:-TPC-IPAA due to cancer risk

B:-TAC-IRA

C:-TPC-EI

D:-Segmental colectomy

Correct Answer:- Option-B

Question84:-32-year-old woman with FAP has more than 1000 colonic adenomas and 30 rectal adenomas with carpeted adenomas at anal transition zone(ATZ) and lower rectum. She is reliable for follow-up and planned for surgery. What is the best -surgical option?

A:-Defer surgery

B:-Abdomino perennial resection

C:-Mucosectomy of ATZ and TPC + IPAA

D:-Total Abdominal colectomy + ileo rectal anastomosis + follow up

Correct Answer:- Option-C

Question85:-Which of the following statements regarding IPMN subtypes is correct?

A:-Intestinal type is usually BD-IPMN with low invasive Potential

B:-Gastric type commonly presents as MD-IPMN with high invasive carcinoma rates

C:-Pancreatobiliary type is associated with the highest rates of invasive carcinoma

D:-All subtypes have equal risk of progression to invasive carcinoma

Correct Answer:- Option-C

Question86:-A 48-year-old woman has a 4 cm cystic lesion in the pancreatic tail. CT shows a thick-walled cyst with peripheral calcification. MRI shows hyperintensity on T2. Which of the following imaging features most strongly predicts malignant potential in this lesion?

A:-Lack of communication with MPD

B:-Peripheral eggshell calcification

C:-Presence of mural nodule

D:-Hyperintensity on T2-weighted MRI

Correct Answer:- Option-C

Question87:-A 58-year-old patient is diagnosed with a 5 cm serous cystic neoplasm (SCN) of the pancreas. He is asymptomatic with no evidence of ductal or vascular compression. What is the most appropriate management?

A:-Immediate surgical resection due to size > 4 cm

B:-Discontinue surveillance after 12 months

C:-Continue surveillance with periodic imaging

D:-Perform EUS-FNA to confirm benign nature before surgery

Correct Answer:- Option-C

Question88:-Which of the following best explains the predilection of hepatic cystadenomas for segment IV/left liver?

A:-Higher concentration of peribiliary glands in the left lobe

B:-Preferential portal venous flow to segment IV

C:-Migration of ectopic ovarian cells during embryogenesis near dorsocranial liver

D:-Increased biliary epithelial turnover in the left lobe

Correct Answer:- Option-C

Question89:-Which of the following clinical scenarios is MOST characteristic of biliary communication in cystadenoma?

A:-Persistent obstructive jaundice with progressive worsening

B:-Intermittent jaundice due to migration of mucin/tumor embolus

C:-Severe cholangitis with septic shock

D:-Asymptomatic elevation of transaminases only

Correct Answer:- Option-B

Question90:-A patient undergoes fenestration (unroofing) for a presumed simple hepatic cyst, later diagnosed as cystadenoma. What is the most likely outcome?

A:-Cure in most cases

B:-Recurrence rate < 10%

C:-Recurrence rate upto 82%

D:-Immediate malignant transformation

Correct Answer:- Option-C

Question91:-Which of the following is not a contraindication for liver transplantation?

A:-Hepatopulmonary syndrome

B:-Porto pulmonary hypertension

C:-Portal vein thrombosis

D:-Metastatic hepatocellular carcinoma

Correct Answer:- Option-C

Question92:-HCC recurrence after liver transplant are decreased by which of following drugs?

A:-Steroids

B:-mTOR inhibitors

C:-Calcineurin inhibitors

D:-Antiproliferative agents

Correct Answer:- Option-B

Question93:-Mr. X will be undergoing liver transplantation in few days. His weight is 64 kg. what should be minimum weight of graft that required for transplantation?

A:-500 g

B:-650 g

C:-960 g

D:-300 g

Correct Answer:- Option-A

Question94:-Small size graft syndrome is prevented by all of the followings except

A:-Splenectomy

B:-Splenic artery ligation

C:-Performing portocaval shunts

D:-Systemic ligation of retroperitoneal collaterals

Correct Answer:- Option-D

Question95:-50 year old female who is a known case of IHD complained of retrosternal chest pain and was taken to emergency department where she collapsed, attempts at resuscitation were unsuccessful. to which Maastricht class does she belong to?

A:-CLASS 1

B:-CLASS 2

C:-CLASS 3

D:-CLASS 4

Correct Answer:- Option-B

Question96:-All of the following reflexes need to be absent to confirm brain stem death except:

A:-Pupillary reflex

B:-Conjunctival reflex

C:-Gag reflex

D:-Caloric reflex

Correct Answer:- Option-B

Question97:-What is meaning of 0, 1 and 2 mismatch?

A:-Complete matched at HLA-A loci, mismatched at one HLA-DR loci and mismatched at both HLA-B loci

B:-Complete matched at HLA-DR loci, mismatched at one HLA-B loci and mismatched at both HLA-A loci

C:-Complete matched at HLA-A loci, mismatched at one HLA-B loci and mismatched at both HLA- DR loci

D:-Complete matched at HLA-B loci, mismatched at one HLA-DR loci and mismatched at both HLA-A loci

Correct Answer:- Option-C

Question98:-Ligasure seals vessels upto -

A:-5 mm

B:-7 mm

C:-9 mm

D:-11 mm

Correct Answer:- Option-B

Question99:-Which of the following is not a feature of cutting current?

A:-Lower voltage current

B:-It is continuous current with current is 'on' 100% of the time when used

C:-Tissue heating is slow resulting in dehydration and protein denaturation

D:-Cutting is most efficient when the tip is held just above the tissue

Correct Answer:- Option-C

Question100:-Interrupted wave form of current is used in -

A:-Coagulating current

B:-Cutting current

C:-Both

D:-Ligasure

Correct Answer:- Option-A