MBBS FINAL YEAR

GENERAL SURGERY

QUESTION BANK

Chapter-wise · Topic-wise Previous-Year Questions

Theory Papers I & II · 2011 – 2025

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By

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MBBS FINAL YEAR — GENERAL SURGERY

(Final Professional MBBS · Paper I and Paper II)

Chapter-wise, Topic-wise Previous-Year Question Bank

Theory Papers I & II · January 2011 – February 2025

22 chapters · 69 topics · 1411 questions (1048 after merging repeats) · 120 MCQs

Compiled from 50 theory papers (25 examination sittings), including 6 MCQ papers, of the Final Professional MBBS General Surgery examination, Amrita Vishwa Vidyapeetham, Kochi. Orthopaedics questions (Section B of Paper I up to 2023, and Paper II from 2024) are included.

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Preface

Dear students,

Every university examination has a memory. The same surgical problems, the same clinical scenarios and very often the same short notes return year after year — because they are the conditions you will meet in the casualty, the wards and the operation theatre as an Indian Medical Graduate. This question bank was put together to help you see that memory clearly.

Every question set in the Final Professional MBBS General Surgery theory papers from January 2011 to February 2025 has been collected here, arranged chapter by chapter and topic by topic, and tagged with the examination in which it appeared. Repeated questions are marked so that you can see at a glance which topics the examiners value most. Orthopaedics, which forms part of the General Surgery papers, has its own chapters at the end.

Use this book actively. Start each chapter with its most-asked topics. Read the topic from your textbook, then come back and write the answers to the previous questions in your own words, within the time you would have in the examination hall. Practise the case-based questions the way you would present a patient at the bedside: diagnosis, differential diagnosis, investigations and management, in that order. Draw the diagrams until you can draw them from memory, and attempt the MCQs without looking at the options first.

A question bank is not a substitute for clinical postings or for a good textbook. It is a map. It shows you where the roads are, how often each road is travelled, and which ones you must know well before you set out. Combined with regular ward work and honest revision, it will help you walk into the examination with confidence.

I wish every one of you the very best for your examinations and for the years of surgical and clinical practice that lie ahead. Work steadily, stay curious and keep the patient at the centre of everything you learn.

With best wishes,



Dr. Gireesh Kumar K.P.
Kochi, October 2026

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How to use this question bank

Coverage. Every question from the 50 Paper I and Paper II theory papers between January 2011 and February 2025 (regular and supplementary sittings), plus the 120 MCQs of the 2024–2025 papers.

Organisation. Questions are grouped into 22 chapters — general principles first, then region by region as a textbook would teach them, with Orthopaedics in the last three chapters. Within a topic: case-based questions come first, then short notes and short-answer questions, with the most repeated questions at the top. Diagrams and MCQs are collected at the end of each chapter.

Source tags. Each question ends with the sitting and paper it appeared in, e.g. "Jan 2018 P-I" = January 2018, Paper I. "(S)" marks a supplementary paper held alongside a regular sitting.

Repeats = high-yield. A question set in more than one paper is listed once with all its appearances and a count in magenta, e.g. [4×]. Each topic heading shows how many papers asked it, and the box at the top of each chapter lists the most-asked topics — revise these first.

Note. The papers were scanned and converted to text; obvious scanning errors and spellings have been corrected and the original wording otherwise kept. Check against the original paper if a word looks odd.

Contents and question distribution

#	Chapter	Topics	Questions	MCQs	Page
1.	General Surgical Principles	9	96	17	5
2.	Trauma and Burns	5	53	8	10
3.	Skin, Soft Tissue and Plastic Surgery	2	32	3	15
4.	Arterial, Venous and Lymphatic Disorders	4	65	9	17
5.	Head and Neck	4	59	8	21
6.	Thyroid, Parathyroid and Adrenal	3	52	8	25
7.	Breast	2	41	4	28
8.	Oesophagus	1	16	3	31
9.	Stomach and Duodenum	2	47	4	33
10.	Liver, Biliary Tract and Spleen	5	55	8	36
11.	Pancreas	3	24	2	39
12.	Small Intestine, Appendix and Colon	4	65	5	42
13.	Rectum and Anal Canal	2	27	2	46
14.	Hernia, Abdominal Wall and Peritoneum	3	31	3	48
15.	Urology	4	48	2	51
16.	Testis, Scrotum and Penis	2	36	6	53
17.	Paediatric Surgery	1	12	–	55
18.	Neurosurgery and Cardiothoracic Surgery	2	14	2	57
19.	Anaesthesia and Radiology	2	29	10	58
20.	Orthopaedics I – Fractures and Dislocations	4	109	3	60
21.	Orthopaedics II – Infections, Tumours and Nerve Injuries	3	73	7	66
22.	Orthopaedics III – Paediatric, Metabolic and Joint Disorders	2	64	6	69
	TOTAL	**69**	**1048**	**120**	
	Index of major topics				72

"Questions" counts each question once after merging repeats.

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1. General Surgical Principles (96 questions)

★ Most-asked topics in this chapter

- Shock, haemorrhage, SIRS and MODS — ***asked in 19 papers***
- Surgical infections, asepsis and universal precautions — ***asked in 18 papers***
- Wounds, wound healing, keloid and scars — ***asked in 16 papers***
- Fluids, acid–base balance and surgical nutrition — ***asked in 12 papers***
- Blood transfusion and blood components — ***asked in 11 papers***
- Transplantation and graft rejection — ***asked in 11 papers***
- Minimal access surgery, day care surgery, sutures, consent and safety — ***asked in 11 papers***
- Surgical oncology, biopsy and tumour markers — ***asked in 7 papers***

1.1 Shock, haemorrhage, SIRS and MODS *(19 papers)*

1. **Case / Essay [5 marks]** A 24-year-old male was brought to the emergency room following a road traffic accident. He has multiple lower rib fractures on the right side with dyspnoea and a dull note on percussion. He also had abdominal distension, tenderness in the right hypochondrium and shifting dullness. He had hypotension, cold peripheries and tachycardia. **a)** What is the probable cause for shock in this patient? **b)** Describe the types of shock **c)** What is systemic inflammatory response syndrome (SIRS)? — *Feb 2025 P-II*
2. Septic shock — ***Jan 2012 P-II · Jun 2015 P-II · Apr 2022 P-II [3×]***
3. Types of haemorrhage — ***Jan 2011 P-II · Oct 2022 P-II [2×]***
4. Systemic inflammatory response syndrome — ***Jan 2016 P-II · Apr 2022 P-II [2×]***
5. Types of shock — ***Jan 2018 P-II · Feb 2024 (S) P-II [2×]***
6. Definition and etiology of secondary haemorrhage — *Jun 2011 P-II*
7. Hypovolaemic shock — *Jan 2013 P-II*
8. Occult hypoperfusion — *Jul 2013 P-II*
9. Permissive hypotension — *Jul 2013 P-II*
10. Pathophysiology of hypovolaemic shock — *Jul 2014 P-II*
11. Reactionary haemorrhage — *Jan 2015 P-II*
12. Criteria for systemic inflammatory response syndrome — *Jan 2020 P-II*
13. Secondary haemorrhage — *Jan 2020 P-II*
14. Classify shock — *Jul 2020 P-II*
15. MODS (multiple organ dysfunction syndrome) — *Apr 2021 P-II*
16. A 65-year-old underwent total thyroidectomy for a multinodular goitre. About 6 hours after surgery, she complained of breathing difficulty. On examination, patient has tachypnoea, tachycardia and there is a tense swelling noted at the surgical site. What is the type of haemorrhage described here? How do you classify haemorrhage? Add a note on packed red cells — *Feb 2024 P-II*
17. Define systemic inflammatory response syndrome (SIRS), sepsis and severe sepsis — *Feb 2024 P-II*
18. Classify shock. Enumerate the complications of blood transfusion — *Jul 2024 P-II*

1.2 Fluids, acid–base balance and surgical nutrition *(12 papers)*

1. Complications of parenteral nutrition — ***Jan 2020 P-II · Jul 2020 P-II · Jul 2024 P-II · Feb 2025 P-II [4×]***
2. Metabolic alkalosis — ***Jan 2012 P-II · Jan 2014 P-II · Jan 2018 P-II [3×]***
3. Complications of total parenteral nutrition — ***Oct 2021 P-II · Oct 2022 P-II [2×]***
4. Enumerate the different techniques of enteral nutrition. What are the complications of enteral feeding? — ***Feb 2024 P-II · Feb 2024 (S) P-II [2×]***
5. Total parenteral nutrition (TPN) — *Apr 2021 P-II*

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1.3 Blood transfusion and blood components *(11 papers)*

1. Complications of blood transfusion ***— Jan 2014 P-II · Jul 2014 P-II · Jul 2020 P-II · Oct 2022 P-II · Feb 2023 P-II · Feb 2024 (S) P-II [6×]***
2. Name the various components of blood and indications for blood component therapy *— Jan 2012 P-II*
3. Blood fractions *— Jan 2013 P-II*
4. Complications of massive blood transfusion *— Jul 2013 P-II*
5. Fresh frozen plasma *— Jan 2020 P-II*
6. What is massive blood transfusion? Enumerate the complications of massive blood transfusion *— Feb 2025 P-II*

1.4 Surgical infections, asepsis and universal precautions *(18 papers)*

1. Carbuncle ***— Jan 2013 P-II · Jun 2015 P-II · Jan 2019 P-II · Oct 2022 P-II · Feb 2023 P-II [5×]***
2. Gas gangrene ***— Jan 2015 P-II · Jan 2018 P-II · Jan 2020 P-II · Oct 2022 P-II · Feb 2024 (S) P-II [5×]***
3. Fournier's gangrene ***— Jan 2012 P-II · Jan 2016 P-II · Jan 2019 P-II [3×]***
4. Cold abscess ***— Jan 2014 P-II · Oct 2021 P-II · Feb 2023 P-II [3×]***
5. Felon ***— Jan 2012 P-II · Jan 2015 P-II [2×]***
6. Universal precautions ***— Jul 2014 P-II · Jul 2020 P-II [2×]***
7. Pyaemic abscess ***— May 2017 P-II · Jun 2019 P-II [2×]***
8. What are the causes of nosocomial infections and how will you prevent them? *— Jan 2012 P-II*
9. Surgical site infection *— Jan 2014 P-II*
10. Mycetoma *— Jan 2020 P-II*
11. Tetanus *— Jul 2020 P-II*
12. A 50-year-old patient presented with right lower limb pain, swelling and blue-black discolouration of skin 2 days following a crush injury. On examination, patient was febrile with haemorrhagic bullae over the limb and crepitus was felt. What is the most likely diagnosis? Mention the causative organisms. Discuss the treatment for this case *— Jul 2024 P-II*
13. Write a short note on universal precautions in surgery *— Jul 2024 P-II*

1.5 Wounds, wound healing, keloid and scars *(16 papers)*

1. Stages of wound healing ***— Jan 2012 P-II · Jan 2015 P-II · Oct 2022 P-II [3×]***
2. Types of wound healing ***— Jan 2011 P-II · Jun 2015 P-II [2×]***
3. Keloid ***— Jan 2013 P-II · Feb 2023 P-II [2×]***
4. Debridement ***— May 2017 P-II · Jun 2019 P-II [2×]***
5. Important difference in the clinical presentation between keloid and hypertrophic scar *— Jun 2011 P-II*
6. Difference between tidy and untidy wounds *— Jun 2011 P-II*
7. Compare keloids and hypertrophic scars *— Jan 2018 P-II*
8. Classification of wound closure and healing *— Jul 2020 P-II*
9. Keloid scar *— Jul 2020 P-II*
10. Phases of wound healing *— Apr 2022 P-II*
11. Describe the 3 phases of wound healing. How do you classify wound closure and healing? *— Feb 2024 P-II*
12. List the three stages of wound healing *— Feb 2024 (S) P-II*
13. Classify wound closure and healing. Add a note on prophylactic antibiotics *— Jul 2024 P-II*

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1.6 Ulcers *(5 papers)*

1. Pathophysiology of venous ulcer ***— Jun 2015 P-II · Jan 2018 P-II [2×]***
2. Two distinguishing features between venous and arterial ulcers *— Jun 2011 P-II*
3. Aetiology of venous ulcer *— May 2017 P-II*
4. Types of ulcer edges *— Jan 2018 P-II*
5. Trophic ulcer *— Feb 2023 P-II*

1.7 Surgical oncology, biopsy and tumour markers *(7 papers)*

1. Frozen section biopsy ***— May 2017 P-II · Jun 2019 P-II [2×]***
2. Application of immunohistochemistry in surgical pathology *— Jul 2013 P-II*
3. Alpha-fetoprotein *— Jul 2013 P-II*
4. Disadvantages of frozen section *— Jan 2020 P-II*
5. Tumour markers *— Apr 2021 P-II*
6. Trucut biopsy *— Oct 2021 P-II*
7. Brachytherapy *— Apr 2022 P-II*

1.8 Transplantation and graft rejection *(11 papers)*

1. Types of graft rejection ***— Jan 2015 P-II · Jan 2020 P-II · Oct 2022 P-II · Feb 2024 (S) P-II [4×]***
2. Mention the complications of renal transplantation *— Jan 2012 P-II*
3. Renal transplantation *— Jan 2019 P-II*
4. List out the 3 types of allograft rejection *— Jul 2020 P-II*
5. Types of allograft rejection *— Feb 2023 P-II*
6. What are the types of graft rejection? What are the ethical issues related to organ donation from living and deceased donors? *— Feb 2024 P-II*
7. What are the types of graft rejection? Add a note on living donation and the ethical issues in live donation *— Jul 2024 P-II*
8. Enumerate the commonly used immunosuppressive agents and their mechanism of action. Add a note on complications of immunosuppression *— Feb 2025 P-II*

1.9 Minimal access surgery, day care surgery, sutures, consent and safety *(11 papers)*

1. Informed consent ***— Jul 2020 P-II · Oct 2022 P-II · Feb 2024 (S) P-II [3×]***
2. Advantages and limitations of minimal access surgery ***— Jan 2020 P-II · Feb 2024 P-II [2×]***
3. Advantages of minimal access surgery ***— Feb 2023 P-II · Feb 2024 (S) P-II [2×]***
4. Polypropylene *— Jan 2014 P-II*
5. Advantages of laparoscopic surgery *— Jun 2015 P-I*
6. Day case surgery *— Jan 2018 P-II*
7. Surgical safety checklist *— Jan 2020 P-II*
8. Tissue glues *— Jan 2020 P-II*
9. Eliminating bias *— Jan 2020 P-II*
10. Discharge criteria for day care surgery *— Jan 2020 P-II*
11. Catgut *— Jul 2020 P-II*
12. List 4 benefits of minimal access surgery *— Jul 2020 P-II*
13. Enumerate 3 limitations of minimal access surgery *— Oct 2022 P-II*

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14. Describe the principles of the two basic types of diathermy. What are the different complications of diathermy? — *Feb 2024 P-II*
15. Give examples of two absorbable and two non-absorbable sutures — *Feb 2024 (S) P-II*
16. List any 3 approaches in minimal access surgery. Mention 3 limitations of minimal access surgery — *Jul 2024 P-II*
17. What is informed consent? How will you take an informed consent for treatment in a patient with proven early breast carcinoma? — *Feb 2025 P-II*
18. Describe the different techniques for creating a pneumoperitoneum for laparoscopic surgery — *Feb 2025 P-II*

1.10 Diagrams – draw and label *(3 papers)*

1. **Draw and label:** Characteristic shape of ulcer edges with examples — *Jan 2013 P-II*
2. **Draw and label:** Diagrammatic representation of different types of edge of ulcers — *Jan 2019 P-II*
3. **Draw and label:** Parts of an ulcer — *Feb 2024 (S) P-II*

1.11 MCQs from recent papers (2024–2025) *(17 MCQs)*

1. A 56-year-old lady underwent a laparotomy for a large swelling in the abdomen. What would be the strength of the scar after 6 months if the scar healed perfectly? — *Feb 2024 P-II*
   (a) 70% of the initial muscle strength **(b)** 80% of the initial muscle strength **(c)** 90% of the initial muscle strength **(d)** 100% of the initial muscle strength
2. A patient who underwent major trauma is brought to the casualty in shock. Following failure of resuscitation, an open cardiac massage is done as a last attempt. What is the type of wound in this case? — *Feb 2024 P-II*
   (a) Clean wound **(b)** Clean contaminated wound **(c)** Contaminated wound **(d)** Dirty
3. A patient is diagnosed with gas gangrene of the foot. What would be the initial management for this patient? — *Feb 2024 P-II*
   (a) Amputation of the limb **(b)** Antibiotics with surgical debridement **(c)** Hyperbaric oxygen **(d)** Polyvalent gas gangrene antitoxin
4. Which one of these is an avoidable factor that compounds the metabolic response to injury following elective surgery? — *Feb 2024 P-II*
   (a) Exercise **(b)** Hyperthermia **(c)** Obesity **(d)** Starvation
5. Vasodilatation occurs due to histamine release in anaphylaxis and results in shock. This type of shock is classified as — *Feb 2024 P-II*
   (a) Cardiogenic shock **(b)** Distributive shock **(c)** Haemorrhagic/hypovolaemic shock **(d)** Obstructive shock
6. Polydioxanone (PDS) is a type of — *Feb 2024 P-II*
   (a) Natural braided suture **(b)** Synthetic braided suture **(c)** Natural monofilament suture **(d)** Synthetic monofilament suture
7. Which among the following are the advantages of minimal access surgery? — *Feb 2024 P-II*
   (a) Reduced wound pain **(b)** Improved mobility **(c)** Improved visualisation **(d)** All of the above
8. All are measures to promote enhanced recovery after surgery (ERAS) except — *Jul 2024 P-II*
   (a) Early mobilization **(b)** Minimal period of starvation **(c)** Increase IV fluids **(d)** Blockade of afferent painful stimuli
9. Bleeding that usually occurs 7 to 14 days after an injury is called — *Jul 2024 P-II*
   (a) Primary haemorrhage **(b)** Secondary haemorrhage **(c)** Reactionary haemorrhage **(d)** Revealed haemorrhage
10. Harmonic scalpel is used to cut tissues while simultaneously sealing them by using — *Jul 2024 P-II*
    (a) Ultrasound **(b)** Carbon dioxide laser **(c)** Low voltage current **(d)** Nd:YAG laser

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11. Synergistic polymicrobial infection causes — *Jul 2024 P-II*
(a) Erysipelas **(b)** Impetigo **(c)** Pyoderma gangrenosum **(d)** Necrotising fasciitis

12. Which of the following is an absorbable suture? — *Jul 2024 P-II*
(a) Linen **(b)** Polyester **(c)** Polypropylene **(d)** Polyglecaprone

13. What is the drug used for intralesional injection of a keloid? — *Feb 2025 P-II*
(a) Prednisolone **(b)** Triamcinolone **(c)** Androgen **(d)** Hydrocortisone

14. Total parenteral nutrition is indicated in all except — *Feb 2025 P-II*
(a) Short bowel syndrome **(b)** Burns **(c)** Sepsis **(d)** Enterocutaneous fistula

15. One unit of fresh blood raises the haemoglobin concentration by — *Feb 2025 P-II*
(a) 0.1 g% **(b)** 1 g% **(c)** 2 g% **(d)** 2.2 g%

16. A 45-year-old lady sustained a road traffic accident and is admitted in the intensive care unit. What is the best parameter you can use to assess fluid intake in this polytrauma patient? — *Feb 2025 P-II*
(a) Urine output **(b)** Blood pressure **(c)** Heart rate **(d)** Central venous pressure monitoring

17. What is the commonest bacteria causing cellulitis? — *Feb 2025 P-II*
(a) Pneumococcus **(b)** Staphylococcus **(c)** E. coli **(d)** Klebsiella species

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2. Trauma and Burns (53 questions)

★ Most-asked topics in this chapter

- Burns and electrical injury — ***asked in 19 papers***
- Head injury — ***asked in 15 papers***
- Trauma care – ATLS, primary survey and triage — ***asked in 13 papers***
- Chest injury — ***asked in 10 papers***
- Abdominal trauma — ***asked in 6 papers***

2.1 Trauma care – ATLS, primary survey and triage *(13 papers)*

1. Triage — ***Jul 2014 P-II · Jan 2015 P-II · Jan 2016 P-II · Apr 2021 P-II · Feb 2024 (S) P-II [5×]***
2. Steps of ATLS (Advanced Trauma Life Support) — ***Jan 2011 P-II · Jan 2015 P-II [2×]***
3. Enumerate the steps of advanced trauma life support system — *Jun 2011 P-II*
4. Primary survey in trauma — *Jan 2014 P-II*
5. Cricothyroidotomy — *Jul 2014 P-II*
6. Damage control surgery — *Jun 2019 P-II*
7. Components of primary survey in acute trauma — *Jul 2020 P-II*
8. Components of primary survey in trauma — *Apr 2022 P-II*
9. Write a brief note on triage and elaborate on different triage categories — *Feb 2024 P-I*
10. A patient is brought into the casualty with polytrauma following a road traffic accident. Elaborate on the steps of primary survey — *Jul 2024 P-I*

2.2 Head injury *(15 papers)*

1. **Case / Essay [6 marks]** A 20-year-old male is brought to the emergency room with history of being hit on the temporal region of head by a cricket ball. His friends give a history that he lost consciousness but regained it after some time. After reaching casualty, he again loses consciousness. **a)** What is the most likely diagnosis? **b)** What are the pupillary changes that can be seen in this case? **c)** What is the investigation of choice and what finding confirms the diagnosis? **d)** How will you manage this case? — *Oct 2022 P-II*
2. Glasgow coma scale — ***Jan 2013 P-II · Jan 2015 P-II · Feb 2024 (S) P-II [3×]***
3. Extradural haematoma — ***Jul 2014 P-II · Jan 2018 P-II · Jul 2024 P-I [3×]***
4. Types of fractures of skull — *Jan 2011 P-II*
5. Clinical presentation of extradural haematoma — *Jun 2011 P-II*
6. Contre-coup brain injury — *Jul 2013 P-II*
7. Extradural haemorrhage — *Jan 2014 P-II*
8. Glasgow coma score — *Jan 2018 P-II*
9. What is Glasgow coma scale? Discuss its components and role in the management of head injuries — *Oct 2021 P-II*
10. A patient is brought to casualty with head injury following a road traffic accident. He is confused, opens his eyes only to painful stimuli and localizes pain. Elaborate on Glasgow coma score. What is the Glasgow coma score for this patient? — *Feb 2024 P-I*
11. A 20-year-old was hit on the right side of his head by a ball while playing cricket. He briefly loses consciousness, recovers but complains of headache. After a few hours, he presents to casualty with deterioration in conscious level, left hemiparesis and dilated right pupil. What is the most likely diagnosis? What imaging modality is used to confirm the diagnosis? What is the classical finding on imaging in this condition? — *Feb 2024 P-II*

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12. A young adult is admitted with head injury following a fall from a motorcycle. At the time of initial examination, he is confused, opens eyes to verbal command and is able to move limbs and obeys commands. Draw a table outlining Glasgow coma scale. What is the Glasgow coma scale in this patient? *— Jul 2024 P-I*
13. A 20-year-old male sustained a blow to the right side of his head while playing cricket. He fell down unconscious for a few minutes, recovered and was shifted to a hospital where after a few hours he again lapsed into unconsciousness. What is the most probable diagnosis? What investigation will confirm the diagnosis? What is the treatment for this condition? *— Feb 2025 P-I*

2.3 Chest injury *(10 papers)*

1. **Case / Essay [6 marks]** A 40-year-old male patient was brought to the casualty with history of road traffic accident. He is drowsy, pulse rate 110/min, BP 90/60 mmHg and tachypnoeic. **a)** What is the initial management of this patient? **b)** On examination of the chest, he has reduced breath sounds on the right lower chest with a dull percussion note on that region. What could be the probable diagnosis? **c)** How will you manage this condition? **d)** What are the indications for emergency thoracotomy in chest trauma? *— Jan 2012 P-II*
2. **Case / Essay [6 marks]** A 25-year-old male was brought to casualty with alleged history of road traffic accident. On examination pallor was seen, pulse rate was 120 per minute, blood pressure 90/70 mmHg, right side of chest wall showed a large abrasion, and air entry was decreased in mammary, infra-axillary and infrascapular areas (right side). Abdomen was soft. **a)** What is your probable diagnosis? Give the probable mechanism for the diagnosed clinical situation **b)** How will you manage this case? **c)** What are the indications for urgent thoracotomy in this situation? **d)** What is flail chest? *— Apr 2021 P-II*
3. **Case / Essay [5 marks]** A 40-year-old female patient was brought to casualty following a road traffic accident. She complained of pain over the right side of the chest along with breathlessness. X-ray showed multiple rib fractures and pneumothorax. **a)** What clinical findings would confirm the diagnosis of pneumothorax? **b)** What is the definitive management for this patient? **c)** Add a note on flail chest *— Feb 2024 P-I*
4. Tension pneumothorax ***— Jul 2014 P-II · Oct 2021 P-II [2×]***
5. Flail chest ***— Jan 2016 P-II · Feb 2023 P-II [2×]***
6. Sucking chest wound *— Jul 2013 P-II*
7. Pericardial tamponade *— Jul 2013 P-II*
8. Haemothorax *— Apr 2022 P-II*
9. Cardiac tamponade *— Feb 2023 P-II*
10. Write briefly the causes, clinical presentation and immediate management of tension pneumothorax *— Feb 2024 (S) P-II*

2.4 Abdominal trauma *(6 papers)*

1. **Case / Essay [4 marks]** A 23-year-old male patient was brought to the casualty with history of fall from height. On examination he was in shock with pallor. Patient has fracture of lower ribs on left side. Abdomen was rigid in all quadrants. His other systems were normal. **a)** What is the likely diagnosis? **b)** Mention one radiological and one non-radiological investigation used in diagnosis **c)** Mention indications for non-surgical management in patients with similar anatomical organ injury *— Jan 2014 P-I*
2. Pringle's manoeuvre ***— Jan 2013 P-I · Jan 2016 P-I [2×]***
3. FAST *— Jan 2015 P-I*
4. Write briefly on management of liver injuries. Add a note on damage control surgery *— Jul 2024 P-I*
5. Write a short note on focused abdominal sonography for trauma (FAST) *— Feb 2025 P-I*

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2.5 Burns and electrical injury *(19 papers)*

1. **Case / Essay [10 marks]** A 40-year-old female patient with 40% burns is brought to the casualty immediately after the accident. **a)** Outline the immediate care of the patient **b)** How will you assess the burn wound? **c)** Write briefly on the pathophysiology of burn injury **d)** What is the principle of fluid resuscitation? **e)** How will you manage the burn wound? ***— May 2017 P-II · Jun 2019 P-II [2×]***
2. **Case / Essay [6 marks]** A 20-year-old girl was brought to the casualty with second degree burns over the head and neck, front of chest and abdomen. She was restless with pain and breathing difficulty. BP 100/70 mmHg, pulse rate 120/min. **a)** How will you calculate the total percentage of burns in this patient? **b)** How will you initiate fluid therapy for this patient? **c)** How will you manage this patient? **d)** What are the possible complications of burns injury? *— Apr 2022 P-II*
3. **Case / Essay [5 marks]** A 40-year-old lady weighing 50 kg sustained burns to both upper limbs and trunk. **a)** What percentage of body surface area has been involved by burns? **b)** How will you calculate fluid requirement for this patient? **c)** How are burns classified based on depth? *— Jul 2024 P-II*
4. Parkland's formula ***— Jan 2015 P-II · Jul 2020 P-II · Oct 2022 P-II · Feb 2023 P-II [4×]***
5. Two clinical features specific for electric burns *— Jun 2011 P-II*
6. Outline the pathophysiology of burns shock and its management *— Jan 2012 P-II*
7. Fluid resuscitation in a 30% burnt patient who weighs 60 kg *— Jan 2013 P-II*
8. High tension electrical injuries *— Jul 2013 P-II*
9. Wallace's rule of 9 for estimation of burn surface area *— Jul 2014 P-II*
10. Fluid resuscitation in burns patients *— Jun 2015 P-II*
11. Fluid resuscitation in burns *— Jan 2018 P-II*
12. Fluid management of burns *— Apr 2021 P-II*
13. How are burns classified based on depth? After initial resuscitation, how will you treat a burn wound? *— Feb 2024 P-II*
14. Rule of nine in burns *— Feb 2024 (S) P-II*
15. Outline the pathophysiology of burns *— Feb 2025 P-II*

2.6 MCQs from recent papers (2024–2025) *(8 MCQs)*

1. A 25-year-old man is brought to the hospital as a casualty following trauma. What is the clinical indicator of potential ongoing bleeding? *— Feb 2024 P-I*
   (a) Increasing blood pressure **(b)** Increasing pulse rate **(c)** Decreasing respiratory rate **(d)** Decreasing serum lactate
2. Following head trauma, lucid interval is seen in which of the following conditions? *— Feb 2024 P-I*
   (a) Extradural haemorrhage **(b)** Subarachnoid haemorrhage **(c)** Subdural haemorrhage **(d)** Subgaleal haemorrhage
3. Focused abdominal sonography for trauma and extended FAST (FAST and eFAST) *— Feb 2024 P-I*
   (a) Fails to detect free fluid in the abdomen or pericardium **(b)** Reliably detects less than 100 ml of free blood **(c)** Cannot reliably exclude injury in penetrating trauma **(d)** Is reliable for the assessment of the retroperitoneum
4. Diagnostic peritoneal lavage is positive if *— Jul 2024 P-I*
   (a) >500 RBC/µL **(b)** >100,000 RBC/µL **(c)** >100 WBC/µL **(d)** None of the above
5. A green triage tag indicates need for *— Jul 2024 P-I*
   (a) Immediate care **(b)** Urgent care **(c)** Non-urgent care **(d)** Unsalvageable
6. A man is brought to casualty following an RTA with multiple rib fractures and paradoxical movement of chest. What is the management? *— Feb 2025 P-I*
   (a) Tracheostomy **(b)** Strapping of the chest **(c)** Intermittent positive pressure ventilation **(d)** No intervention required

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7. IV rule for burns — *Feb 2025 P-II*

(a) % BSA × weight in pounds × 4 = volume in mL **(b)** % BSA × weight in kg × 4 = volume in litres **(c)** % BSA × weight in kg × 5 = volume in mL **(d)** % BSA × weight in kg × 4 = volume in mL

8. Which of the following radiological signs is associated with a tension pneumothorax on chest X-ray? — *Feb 2025 P-II*

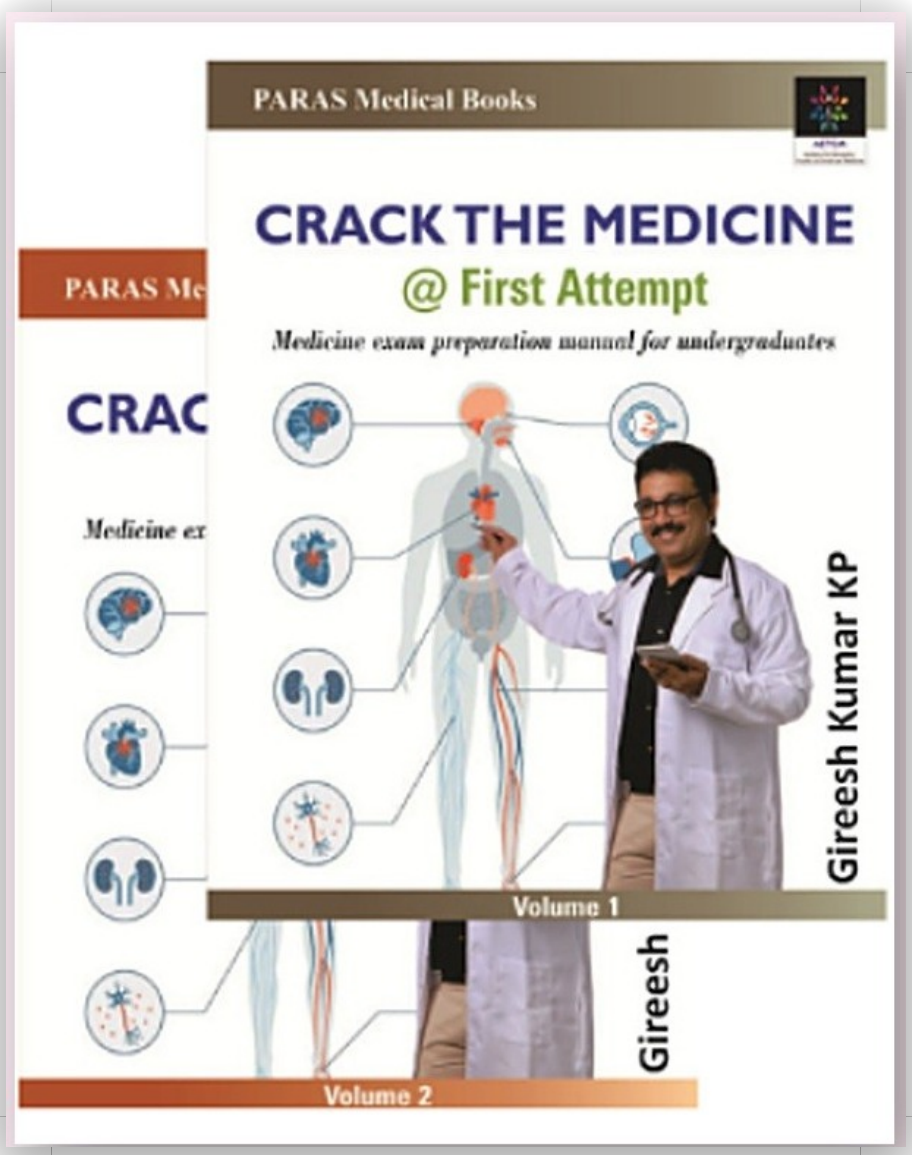
(a) Tracheal deviation away from the affected side **(b)** Increased lung markings **(c)** Cardiac enlargement **(d)** Widened mediastinum

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By

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3. Skin, Soft Tissue and Plastic Surgery (32 questions)

★ Most-asked topics in this chapter

- Skin cysts, swellings and skin tumours (BCC, melanoma) — ***asked in 19 papers***
- Skin grafts, flaps and cleft lip/palate — ***asked in 10 papers***

3.1 Skin cysts, swellings and skin tumours (BCC, melanoma) *(19 papers)*

1. **Case / Essay [9 marks]** A case of malignant melanoma: **a)** Name the various types of malignant melanoma **b)** What are the risk factors in development of melanoma? **c)** What are the clinical examination findings you will mention in a case of melanoma of lower limb? **d)** What is the clinical staging of melanoma? **e)** Discuss the various treatment modalities of melanoma depending on the stage — *Jan 2014 P-II*
2. **Case / Essay [5 marks]** A 60-year-old tourist from Australia complained of a blackish pigmented lesion over the foot with a variegated irregular appearance. Investigations confirmed the diagnosis of melanoma. **a)** What are the changes that should alert a clinician of a pre-existing mole turning malignant? **b)** What are the types of melanoma? **c)** What is satellite lesion and in-transit lesion? — *Feb 2025 P-II*
3. Dermoid cysts — ***Jan 2013 P-II · Jun 2015 P-II · Jan 2018 P-II · Feb 2023 P-II [4×]***
4. Marjolin's ulcer — ***Jan 2011 P-II · Jan 2015 P-II · Apr 2021 P-II [3×]***
5. Basal cell carcinoma — ***Jan 2018 P-II · Jan 2020 P-II · Feb 2023 P-II [3×]***
6. Rodent ulcer — ***Jul 2014 P-II · Apr 2022 P-II [2×]***
7. Malignant melanoma — ***Jan 2018 P-II · Jan 2019 P-II [2×]***
8. Cock's peculiar tumour — *Jan 2011 P-II*
9. Two locations where a lipoma can be dangerous — *Jun 2011 P-II*
10. Mention the histological staging of malignant melanoma — *Jan 2012 P-II*
11. Glomus tumour — *Jan 2013 P-II*
12. Ainhum — *Jul 2013 P-II*
13. Port wine stains — *Jul 2013 P-II*
14. Café-au-lait spots — *Jul 2013 P-II*
15. Macroscopic variants of melanoma — *Jul 2013 P-II*
16. Types of melanoma — *Jan 2015 P-II*
17. Clark staging of malignant melanoma — *Oct 2021 P-II*
18. Sebaceous cyst — *Oct 2021 P-II*
19. Ganglion — *Feb 2023 P-II*
20. Write briefly on the epidemiology, pathogenesis and management of basal cell carcinoma — *Feb 2024 P-II*
21. A 61-year-old fair-skinned female patient presented with an indurated black lesion on her right leg. She gives history of a naevus at this site, which recently became indurated with irregular margins and associated itching. What is the most likely diagnosis? Draw a neat labelled diagram of the cross-section of skin, depicting Clark's levels — *Jul 2024 P-II*

3.2 Skin grafts, flaps and cleft lip/palate *(10 papers)*

1. Skin grafting — ***Jan 2015 P-II · Jun 2015 P-II · Oct 2022 P-II [3×]***
2. LAHSHAL system of classification — *Jan 2011 P-II*
3. Wolfe graft — *Jul 2013 P-II*
4. Free flaps — *Jan 2016 P-II*
5. Split thickness skin grafting — *Jul 2020 P-II*
6. Describe briefly a commonly used classification system for cleft lip and cleft palate — *Feb 2024 P-II*

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7. Types of skin graft — *Feb 2024 (S) P-II*
8. Write a short note on cleft lip — *Jul 2024 P-II*

3.3 Diagrams – draw and label *(3 papers)*

1. **Draw and label:** Structural layers of the skin and its adnexal structures — *Jul 2013 P-II*
2. **Draw and label:** Clark's levels of infiltration of melanoma of skin — *Jul 2014 P-II*
3. **Draw and label:** Layers of the skin and indicate the Clark's levels in melanoma — *Oct 2022 P-II*

3.4 MCQs from recent papers (2024–2025) *(3 MCQs)*

1. Mohs micrographic surgery is a technique employed in the treatment of which of the following conditions? — *Feb 2024 P-II*
   (a) Basal cell carcinoma **(b)** Melanoma **(c)** Squamous cell carcinoma **(d)** Haemangioma
2. Definitive cleft palate repair is best done — *Feb 2024 P-II*
   (a) Before 3 months of age **(b)** Between 3 and 6 months of age **(c)** Between 6 months and 1 year of age **(d)** Between 1 and 2 years of age
3. Split thickness skin graft is also known as — *Jul 2024 P-II*
   (a) Wolfe graft **(b)** Thiersch graft **(c)** Composite graft **(d)** Abbe graft

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4. Arterial, Venous and Lymphatic Disorders (65 questions)

★ Most-asked topics in this chapter

- Peripheral arterial disease, aneurysm and gangrene — ***asked in 24 papers***
- Varicose veins and venous thromboembolism — ***asked in 15 papers***
- Lymph nodes – tuberculous lymphadenitis and lymphoma — ***asked in 8 papers***
- Lymphoedema — ***asked in 7 papers***

4.1 Peripheral arterial disease, aneurysm and gangrene *(24 papers)*

1. **Case / Essay [6 marks]** A 32-year-old male patient attends the surgery OP department with complaints of pain in the calf on walking of 3 months duration. He had been a chronic smoker for ten years. On examination he had reduction in peripheral pulses on the affected lower limb. **a)** What is the differential diagnosis? **b)** What is Boyd's grading? **c)** What investigations will you do in this case? **d)** Outline the principles of conservative and surgical management — *Jan 2013 P-II*
2. **Case / Essay [6 marks]** A 70-year-old male, with a past history of myocardial infarction, presents with complaints of a cramp-like pain in the calf on walking for about 50 metres, after which he is forced to take rest but can walk again. **a)** What is the name given to this clinical presentation? **b)** What do you think is the cause of this symptom? **c)** Briefly discuss the management of this condition — *Jan 2018 P-II*
3. **Case / Essay [9 marks]** A 60-year-old diabetic is admitted with blackening and ulceration of right big toe. **a)** What are the likely causes? **b)** How will you investigate this patient? **c)** Briefly discuss the management of this patient — *Oct 2021 P-II*
4. **Case / Essay [8 marks]** A 40-year-old male, a chronic smoker, presented to the outpatient department with a history of severe crampy pain in the right calf and ulcers on the toes. He is not a diabetic. **a)** What is the most probable diagnosis? **b)** How will you evaluate the patient clinically? **c)** How will you investigate him? **d)** Enumerate the principles of treatment — *Feb 2023 P-II*
5. **Case / Essay [5 marks]** A 30-year-old male patient presented with cramp-like feeling in both legs, which is brought on by walking for about 100 metres and relieved on rest. He also complained of a blackish discolouration of the big toe. He is a chronic smoker and smoked around 10 to 15 cigarettes per day for the last 12 years. **a)** What is the most likely diagnosis in this case? **b)** What type of pain is described in this scenario and how will you classify this type of pain? **c)** What is ankle brachial pressure index (ABPI)? — *Jul 2024 P-I*
6. Ankle brachial pressure index — ***Jul 2014 P-II · Jul 2020 P-II · Oct 2022 P-II · Feb 2024 (S) P-II [4×]***
7. Raynaud's phenomenon — ***Jan 2011 P-II · Jan 2012 P-II [2×]***
8. Ankle–brachial pressure index (ABPI) — ***Jan 2012 P-II · Jan 2013 P-II [2×]***
9. Disappearing (vanishing) pulse — ***May 2017 P-II · Jun 2019 P-II [2×]***
10. Ankle brachial index — ***May 2017 P-II · Jun 2019 P-II [2×]***
11. Rest pain — ***May 2017 P-II · Jan 2019 P-II [2×]***
12. Features of Grade III intermittent claudication — *Jun 2011 P-II*
13. Two clinical features of arteriovenous fistula — *Jun 2011 P-II*
14. Syme's amputation — *Jul 2013 P-II*
15. Clinical symptoms of peripheral arterial insufficiency in lower limb — *Jan 2014 P-II*
16. Arteriovenous fistula — *Jul 2014 P-II*
17. Intermittent claudication — *Jun 2015 P-II*
18. Critical limb ischaemia — *Jan 2016 P-II*
19. Reperfusion syndrome — *Jan 2018 P-II*
20. Acrocyanosis — *Jan 2019 P-II*
21. Thromboangiitis obliterans — *Jan 2019 P-II*

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22. Popliteal aneurysm — *Jan 2020 P-II*
23. Wagner's grading for diabetic foot — *Apr 2021 P-II*
24. Diabetic foot — *Apr 2022 P-II*
25. A 50-year-old male patient came with complaints of cramp-like pain felt in both buttocks, thighs and calves which is brought on by walking and relieved on rest. He also complains of impotence. What type of pain is described in this case scenario? How will you classify this type of pain? What is the most likely level of obstruction in this patient? — *Feb 2024 P-I*
26. Claudication pain — *Feb 2024 (S) P-II*
27. Describe intermittent claudication. How is it graded? Add a note on ankle brachial pressure index — *Feb 2025 P-I*

4.2 Varicose veins and venous thromboembolism *(15 papers)*

1. **Case / Essay [6 marks]** A bus conductor presented to the surgery OP with tortuous dilated veins of right leg. **a)** What is your probable diagnosis? **b)** How will you investigate? **c)** Discuss the management — *Jan 2019 P-II*
2. Trendelenburg's test ***— Jan 2013 P-II · Jul 2020 P-II [2×]***
3. Thromboprophylaxis — *Jan 2011 P-II*
4. Mechanical measures to prevent deep vein thrombosis — *Jun 2011 P-II*
5. Virchow's triad — *Jan 2013 P-II*
6. Ultrasound-guided foam sclerotherapy — *Jul 2013 P-II*
7. Incompetence of lower limb perforator veins — *Jul 2013 P-II*
8. Treatment modalities for varicose vein of lower limb — *Jan 2014 P-II*
9. Modified Perthes' test — *Jan 2015 P-II*
10. Short saphenous vein — *Jun 2019 P-II*
11. Risk factors for venous thromboembolism — *Jan 2020 P-II*
12. Ring occlusion test — *Jul 2020 P-II*
13. Lipodermatosclerosis — *Apr 2022 P-II*
14. Newer modalities of treatment for varicose veins — *Oct 2022 P-II*
15. Treatment options for varicose veins — *Feb 2024 (S) P-II*
16. A 45-year-old female presented with dilated, tortuous veins in the right lower limb extending from the medial aspect of the foot all the way to the upper thigh. Describe the tests you would do to determine if the perforators are incompetent and which perforators are incompetent — *Jul 2024 P-I*
17. Enumerate 6 risk factors for venous thromboembolism. Add a note on prophylaxis and treatment of deep vein thrombosis — *Feb 2025 P-I*

4.3 Lymphoedema *(7 papers)*

1. Structural changes in the lymphatics in primary lymphoedema — *Jun 2011 P-II*
2. Lymphoedema — *Jan 2013 P-II*
3. Isotope lymphoscintigraphy — *Jul 2013 P-II*
4. Secondary lymphoedema — *Jun 2015 P-II*
5. Stemmer's sign — *Jan 2020 P-II*
6. Classification of lymphoedema — *Oct 2022 P-II*
7. List 4 causes of secondary lymphoedema — *Feb 2024 (S) P-II*

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4.4 Lymph nodes – tuberculous lymphadenitis and lymphoma *(8 papers)*

1. Stages of tuberculous lymphadenopathy ***— Jan 2015 P-II · Jan 2016 P-II [2×]***
2. FNAC findings in tuberculous lymphadenitis ***— May 2017 P-II · Jun 2019 P-II [2×]***
3. Pel–Ebstein fever ***— May 2017 P-II · Jun 2019 P-II [2×]***
4. Collar stud abscess *— Jan 2011 P-II*
5. Clinical findings in tuberculous lymphadenitis *— Jun 2011 P-II*
6. Grading of lymphoma *— Jul 2013 P-II*
7. Jones and Campbell staging of tuberculous lymphadenitis *— Jan 2019 P-II*

4.5 Diagrams – draw and label *(8 papers)*

1. **Draw and label:** Venous drainage of the lower limb ***— Jan 2020 P-II · Feb 2024 P-I [2×]***
2. **Draw and label:** Sapheno-femoral junction. Label the exact location of sapheno-femoral junction using pubic tubercle as a reference point and three named tributaries *— Jun 2011 P-II*
3. **Draw and label:** Venous drainage of the lower limb. What are the named perforators in the lower limb? *— Jan 2012 P-II*
4. **Draw and label:** Types of aneurysms according to shape *— Jan 2013 P-II*
5. **Draw and label:** Stages of progression of TB lymphadenitis in neck *— Jun 2015 P-II*
6. **Draw and label:** Venous drainage of lower limb with sites of perforators *— Jan 2016 P-II*
7. **Draw and label:** Venous system of the lower limb *— Feb 2023 P-II*

4.6 MCQs from recent papers (2024–2025) *(9 MCQs)*

1. Buerger's disease is characterized by *— Feb 2024 P-I*
   (a) Inflammatory occlusion of small arteries and veins **(b)** Inflammatory occlusion of small and medium-sized arteries and veins **(c)** Inflammatory occlusion of small, medium-sized and large arteries and distal veins **(d)** Inflammatory occlusion of arteries to the distal nerves
2. In the treatment of varicose veins, what is the pressure exerted by class 2 compression stockings at the ankle? *— Feb 2024 P-I*
   (a) 10–17 mmHg **(b)** 18–24 mmHg **(c)** 25–35 mmHg **(d)** 35–45 mmHg
3. A 40-year-old lady was taken up for Trendelenburg operation for varicose veins in her right lower limb. Postoperatively she complained of loss of sensation in the leg due to accidental nerve injury while stripping. The most common nerve to be injured during stripping operation is *— Feb 2024 P-I*
   (a) Common peroneal nerve **(b)** Femoral nerve **(c)** Saphenous nerve **(d)** Sural nerve
4. Claudication pain in the buttocks and sexual impotence seen in patients with aortoiliac disease is called *— Jul 2024 P-I*
   (a) Pendred's syndrome **(b)** Leriche's syndrome **(c)** Boyd's syndrome **(d)** Raynaud's syndrome
5. What is not true regarding dry gangrene? *— Jul 2024 P-I*
   (a) It is a consequence of gradual slowing of blood supply **(b)** It is usually due to atheromatous occlusion of arteries **(c)** There is superadded infection and putrefaction **(d)** The line of demarcation appears early
6. Asymptomatic abdominal aortic aneurysm should be considered for repair if the diameter is *— Jul 2024 P-I*
   (a) >55 mm **(b)** >35 mm **(c)** <55 mm **(d)** <35 mm
7. C5 in the CEAP (clinical, etiology, anatomy, pathophysiology) classification indicates *— Jul 2024 P-I*
   (a) Oedema **(b)** Lipodermatosclerosis **(c)** Healed venous ulcer **(d)** Active venous ulcer
8. Lumbar sympathectomy is indicated in *— Feb 2025 P-I*
   (a) Intermittent claudication **(b)** Atherosclerosis **(c)** Buerger's disease **(d)** Raynaud's disease

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9. Allen's test is useful in evaluating *— Feb 2025 P-I*

(a) Thoracic outlet compression **(b)** Presence of cervical rib **(c)** Integrity of palmar arch **(d)** Digital blood flow

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5. Head and Neck (59 questions)

★ Most-asked topics in this chapter

- Salivary glands — ***asked in 19 papers***
- Neck swellings, cervical rib and neck dissection — ***asked in 19 papers***
- Oral cavity, tongue and premalignant lesions — ***asked in 14 papers***
- Maxillofacial injuries and jaw tumours — ***asked in 6 papers***

5.1 Oral cavity, tongue and premalignant lesions *(14 papers)*

1. Premalignant lesions of the oral cavity — ***Jul 2014 P-II · Oct 2022 P-II · Feb 2023 P-II [3×]***
2. Ranula — ***Jan 2015 P-II · Jan 2019 P-II · Feb 2024 (S) P-II [3×]***
3. Plunging ranula — ***May 2017 P-II · Jun 2019 P-II [2×]***
4. Lymphatic drainage of tongue — *Jan 2012 P-II*
5. Treatment of T1 N0 tongue cancer — *Jul 2013 P-II*
6. Leukoplakia — *Jan 2014 P-II*
7. Ludwig's angina — *Feb 2023 P-II*
8. List any 6 premalignant lesions/conditions of the oral cavity. Write a brief note on any one of them — *Feb 2024 P-I*
9. Enumerate any 4 premalignant lesions/conditions of oral cavity — *Feb 2024 (S) P-II*
10. Enumerate 3 risk factors and 3 premalignant lesions for oral cavity cancer — *Jul 2024 P-I*
11. A 70-year-old male patient presented with a white patch over the buccal mucosa that cannot be rubbed off. What is the most likely diagnosis? What are the premalignant lesions of the oral cavity? — *Feb 2025 P-I*

5.2 Salivary glands *(19 papers)*

1. **Case / Essay [7 marks]** A 40-year-old lady presented with a slowly growing, painless swelling on the right side of face, in front of the ear. Investigations confirmed the diagnosis of pleomorphic adenoma of the right parotid gland. **a)** Classify salivary gland tumours **b)** Outline briefly the steps of superficial parotidectomy **c)** Describe the different methods to identify the trunk of the facial nerve during parotid surgery **d)** Enumerate the complications of superficial parotidectomy — *Jan 2020 P-II*
2. **Case / Essay [8 marks]** A middle-aged female presents with a painless swelling in front of the right ear, lifting the ear lobule. On examination there is a 4 × 3 cm swelling with variegated consistency in the right parotid region. There are no regional lymph nodes. **a)** What is the most likely diagnosis? **b)** What are the expected clinical findings? **c)** How will you investigate this patient? **d)** How will you treat this patient and mention the complications of the treatment — *Feb 2023 P-II*
3. **Case / Essay [5 marks]** A 50-year-old woman presented with a painless, slowly growing swelling on the left side of face, in front of the ear. Investigations confirmed the diagnosis of pleomorphic adenoma involving superficial lobe of left parotid. **a)** Briefly outline the steps of superficial parotidectomy **b)** Enumerate the different methods to identify the facial nerve during parotid surgery **c)** List the complications of superficial parotidectomy — *Feb 2024 P-I*
4. **Case / Essay [5 marks]** A 45-year-old woman complains of a swelling on the right side of face in front of the ear since the last three years. It was not associated with pain and showed gradual increase in size. There was no deviation of angle of mouth and no difficulty in closing the eye shut. **a)** What is the most likely diagnosis? **b)** How will you manage this case? **c)** What are the common complications that can occur following surgery for this disease? — *Jul 2024 P-I*
5. **Case / Essay [5 marks]** A 40-year-old woman presented with painful swelling in the submandibular region which is precipitated by eating. The swelling occurred rapidly and resolved spontaneously over a few hours after the meal is completed. **a)** What is the most likely diagnosis? **b)** How will you differentiate between an enlarged submandibular salivary gland and a submandibular lymph node? **c)** How will you manage this case? — *Feb 2025 P-I*

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6. Frey's syndrome **— Jan 2011 P-II · Jan 2016 P-II · Jul 2020 P-II · Apr 2021 P-II · Oct 2022 P-II [5×]**
7. Malignant tumours of salivary glands — *Jan 2011 P-II*
8. Clinical sign to differentiate enlarged submandibular salivary gland from enlarged lymph node. State the reason — *Jun 2011 P-II*
9. Management of pleomorphic adenoma of submandibular gland — *Jul 2013 P-II*
10. Radical parotidectomy — *Jul 2013 P-II*
11. Structures related to deep lobe of submandibular gland — *Jan 2014 P-II*
12. Complications following parotid surgery — *Jan 2015 P-II*
13. Warthin's tumour — *Jun 2015 P-II*
14. Complications of parotidectomy — *Jan 2018 P-II*
15. Pleomorphic adenoma — *Jan 2019 P-II*
16. Adenolymphoma — *Apr 2022 P-II*
17. Chronic submandibular sialadenitis — *Apr 2022 P-II*
18. Complications of parotid surgery — *Feb 2024 (S) P-II*

5.3 Neck swellings, cervical rib and neck dissection *(19 papers)*

1. Cervical rib **— Jan 2015 P-II · Jun 2015 P-II · May 2017 P-II · Jan 2019 P-II · Jun 2019 P-II · Apr 2022 P-II · Feb 2024 (S) P-II [7×]**
2. Branchial cyst **— Jan 2015 P-II · Jun 2015 P-II · May 2017 P-II · Jan 2018 P-II · Jun 2019 P-II · Oct 2021 P-II [6×]**
3. Cystic hygroma **— Jan 2014 P-II · Jan 2016 P-II · Jan 2018 P-II [3×]**
4. Thyroglossal cyst **— Jan 2016 P-II · Jan 2018 P-II · Feb 2023 P-II [3×]**
5. Carotid body tumour **— May 2017 P-II · Jun 2019 P-II · Oct 2021 P-II [3×]**
6. Sistrunk's operation **— Jan 2012 P-II · Jan 2015 P-II [2×]**
7. Chemodectoma **— Jan 2014 P-II · Jan 2020 P-II [2×]**
8. Principle of Sistrunk's operation for thyroglossal cyst **— May 2017 P-II · Jun 2019 P-II [2×]**
9. Horner's syndrome — *Jan 2011 P-II*
10. Two clinical signs of thyroglossal cyst — *Jun 2011 P-II*
11. Structures preserved in modified radical neck dissection — *Jun 2011 P-II*
12. Pre-auricular sinus — *Jan 2012 P-II*
13. Branchial fistula — *Jan 2012 P-II*
14. Neck dissection — *Jan 2014 P-II*
15. Thoracic inlet syndrome — *Jan 2018 P-II*
16. Thyroglossal duct cyst — *Apr 2021 P-II*
17. Tracheostomy — *Apr 2021 P-II*
18. Thyroglossal fistula — *Oct 2021 P-II*
19. Levels of cervical lymph nodes — *Feb 2023 P-II*
20. How do you classify neck dissection in oropharyngeal carcinoma? What are the structures preserved in modified radical neck dissection? — *Feb 2024 P-I*
21. Describe the levels of cervical lymph nodes. Which levels are affected in the various oropharyngeal cancers? — *Feb 2025 P-I*

5.4 Maxillofacial injuries and jaw tumours *(6 papers)*

1. Ameloblastoma **— May 2017 P-II · Jun 2019 P-II [2×]**
2. Classification of fracture of maxilla — *Jan 2011 P-II*

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3. Fracture mandible — *Jan 2013 P-II*
4. Le Fort fracture — *Apr 2021 P-II*
5. What is the most common site of fracture of the mandible? Add a note on Le Fort fracture — *Feb 2025 P-II*

5.5 Diagrams – draw and label *(4 papers)*

1. **Draw and label:** Possible sites of thyroglossal cyst — *Jan 2011 P-II*
2. **Draw and label:** Surgical anatomy of parotid gland — *Jul 2014 P-II*
3. **Draw and label:** Lymphatic drainage of tongue — *Jun 2015 P-II*
4. **Draw and label:** Relationship of parotid gland and facial nerve — *Apr 2022 P-II*

5.6 MCQs from recent papers (2024–2025) *(8 MCQs)*

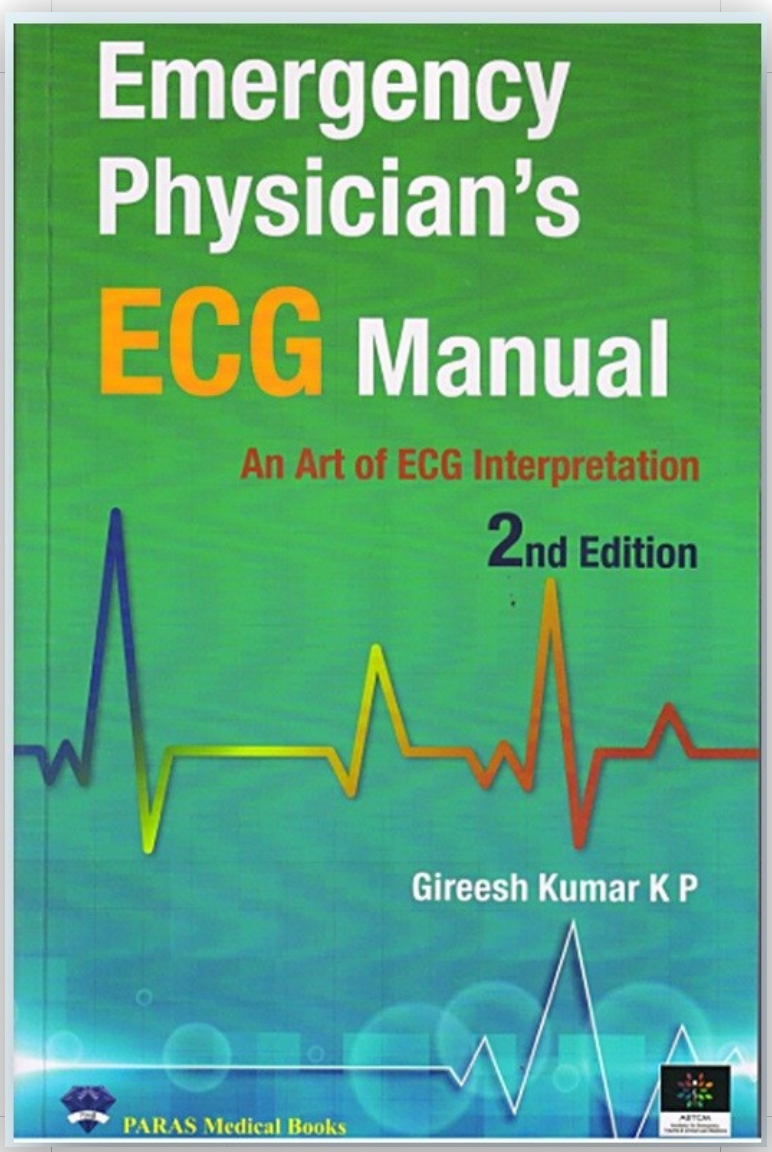
1. Which of the following is a premalignant condition for carcinoma of the tongue? — *Feb 2024 P-I*
   (a) Fissure in the tongue **(b)** Glossitis **(c)** Leukoplakia **(d)** Lingual thyroid
2. The salivary gland malignancy with the highest predilection for perineural invasion is — *Feb 2024 P-I*
   (a) Acinic cell carcinoma **(b)** Adenoid cystic carcinoma **(c)** Carcinoma ex pleomorphic adenoma **(d)** Mucoepidermoid carcinoma
3. Highest risk for malignant change is seen with — *Jul 2024 P-I*
   (a) Speckled leukoplakia **(b)** Leukoplakia **(c)** Oral submucous fibrosis **(d)** Oral lichen planus
4. Which salivary gland tumour is usually seen in the lower pole of parotid, in older men, and is associated with smoking? — *Jul 2024 P-I*
   (a) Pleomorphic adenoma **(b)** Acinic cell carcinoma **(c)** Mucoepidermoid carcinoma **(d)** Warthin's tumour
5. Which is the most common site for fracture of the mandible? — *Jul 2024 P-II*
   (a) Angle of the mandible **(b)** Neck of the condyle **(c)** Region of the mental foramen **(d)** Lower border of the mandible
6. A patient has carcinoma of tongue on the right lateral aspect, with a 4 cm lymph node at level 3 on the left side of the neck. What is the N stage? — *Feb 2025 P-I*
   (a) N0 **(b)** N1 **(c)** N2 **(d)** N3
7. Which of the following is not a landmark for facial nerve during parotid surgery? — *Feb 2025 P-I*
   (a) Digastric muscle **(b)** Inferior belly of omohyoid **(c)** Tragal pointer **(d)** Retrograde dissection of distal branch
8. Where does epulis arise from? — *Feb 2025 P-II*
   (a) Gingiva **(b)** Enamel **(c)** Root of teeth **(d)** Pulp

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By

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6. Thyroid, Parathyroid and Adrenal (52 questions)

★ Most-asked topics in this chapter

- Thyroid — ***asked in 23 papers***
- Parathyroid — ***asked in 8 papers***
- Adrenal and multiple endocrine neoplasia — ***asked in 7 papers***

6.1 Thyroid *(23 papers)*

1. **Case / Essay [6 marks]** A 35-year-old female patient came with complaints of swelling in front of the neck since one year. She gives history of tremors, palpitation and loss of weight in spite of a good appetite. She also noticed prominence of both eyes. On examination, she has tachycardia with a small diffuse goitre, tremors of both hands and exophthalmos. **a)** What is the most likely diagnosis and what investigations will you do to confirm the diagnosis? **b)** Describe any three eye signs you will elicit in this patient **c)** What are the different treatment options in this case? ***— Feb 2024 P-II · Feb 2024 (S) P-II [2×]***
2. **Case / Essay [6 marks]** A fifteen-year-old boy presents to the surgical outpatient department with a history of swelling in the front of neck of two years duration. On examination, he was found to have a hard swelling to the left of trachea moving up on deglutition and hard discrete swellings in the left side of neck. **a)** What is the most probable diagnosis? **b)** How can the diagnosis be confirmed? **c)** What are the preoperative investigations? **d)** How is the confirmed condition treated? **e)** What are the complications of the proposed treatment? *— Jan 2011 P-II*
3. **Case / Essay [7 marks]** A 30-year-old male patient came to the surgical OPD with a 3 × 2 cm hard solitary nodule on the right lobe of thyroid which he noticed four months back. Clinical examination revealed a 2 × 1 cm hard mobile cervical lymph node also in the right posterior triangle of neck. **a)** What is the most likely diagnosis? **b)** Mention differential diagnosis **c)** How will you investigate this patient? **d)** What treatment do you advise for this patient? *— Jul 2014 P-II*
4. **Case / Essay [6 marks]** A 26-year-old female patient presents to the OPD with symptoms of palpitation, excessive sweating, increased appetite and loss of weight of two months duration; along with this there is a diffuse enlargement of thyroid. **a)** What is your diagnosis and how do you investigate this patient? **b)** Medical management **c)** Surgical management and complications *— Jan 2016 P-II*
5. **Case / Essay [8 marks]** A 30-year-old lady complains of swelling in front of the neck of 6 months duration along with complaints of loss of weight in spite of good appetite. She also has heat intolerance, prominence of both eyes and palpitation. On examination, she had a small, diffuse goitre, tremors in both hands and exophthalmos. Her pulse rate was 105/minute. **a)** What is the most likely diagnosis? **b)** What investigations would you order in this patient? **c)** What are the treatment options? *— Jul 2020 P-II*
6. **Case / Essay [9 marks]** A 40-year-old lady presented with a thyroid nodule in her right lobe for last 1 year. There was no associated pain and no hoarseness of voice. There were significantly enlarged hard right cervical lymph nodes (level IV). FNAC of the thyroid nodule was suggestive of papillary carcinoma thyroid. **a)** How will you evaluate a case of solitary nodule of thyroid? What are its differential diagnoses? **b)** Classify thyroid malignancies. How will you manage the given clinical scenario (including the post-operative management)? *— Apr 2021 P-II*
7. **Case / Essay [5 marks]** A 22-year-old lady came with complaints of a swelling in the right side of the neck since six months, increasing in size during this period. She also complained of hoarseness of voice. On examination there is a 3 × 2 cm hard nodule in the right lobe of thyroid. There were multiple enlarged level III and IV mobile, firm lymph nodes on the right side. **a)** What is the most likely diagnosis? **b)** How will you investigate this case? **c)** Describe the management and follow-up treatment for this patient *— Jul 2024 P-II*
8. Retrosternal goitre ***— Jan 2012 P-II · Jan 2013 P-II [2×]***
9. Treatment options for Graves' disease ***— Jan 2015 P-II · Oct 2022 P-II [2×]***
10. Dyshormonogenetic goitre ***— May 2017 P-II · Jun 2019 P-II [2×]***
11. Psammoma bodies ***— May 2017 P-II · Jun 2019 P-II [2×]***
12. Thyroid crisis *— Jan 2011 P-II*

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13. Kocher's test — *Jan 2011 P-II*
14. Limitations of fine needle cytology in the diagnosis of differentiated thyroid carcinoma — *Jun 2011 P-II*
15. Follow-up treatment after total thyroidectomy for a patient with papillary thyroid cancer — *Jun 2011 P-II*
16. Two clinical findings of retrosternal goitre — *Jun 2011 P-II*
17. Effect of injury to the external laryngeal nerve in a patient who had undergone thyroidectomy — *Jun 2011 P-II*
18. Clinically discrete thyroid swelling — *Jan 2013 P-II*
19. Surgical treatment of differentiated thyroid carcinomas — *Jul 2013 P-II*
20. Recurrent laryngeal nerve paralysis — *Jul 2013 P-II*
21. Calcitonin — *Jul 2013 P-II*
22. Medical management of thyrotoxicosis — *Jan 2014 P-II*
23. Solitary nodule thyroid — *Jan 2014 P-II*
24. Carbimazole — *Jul 2014 P-II*
25. Treatment of thyrotoxicosis — *Jun 2015 P-II*
26. Follow-up of a patient with well-differentiated thyroid cancer after surgery — *Jan 2016 P-II*
27. Role of FNAC in thyroid disease — *Jan 2018 P-II*
28. Thyroid incidentaloma — *Jan 2019 P-II*
29. Thyrotoxicosis factitia — *Jan 2019 P-II*
30. Follow-up after total thyroidectomy for follicular carcinoma thyroid — *Jan 2019 P-II*
31. Recombinant TSH — *Jun 2019 P-II*
32. Histology of papillary carcinoma of thyroid — *Jan 2020 P-II*
33. Mention 4 complications of total thyroidectomy — *Jul 2020 P-II*
34. Toxic nodule — *Apr 2022 P-II*
35. Follicular carcinoma thyroid — *Apr 2022 P-II*
36. Steps of thyroid hormone synthesis — *Oct 2022 P-II*
37. A 55-year-old lady reports with a solitary nodule in the right lobe of thyroid. What findings on an ultrasound of the neck would suggest the nodule to be malignant? — *Jul 2024 P-II*
38. Outline the steps of thyroid hormone synthesis. Add a note on antithyroid drugs — *Feb 2025 P-II*

6.2 Parathyroid *(8 papers)*

1. Trousseau's sign ***— May 2017 P-II · Jun 2019 P-II [2×]***
2. Secondary hyperparathyroidism — *Jan 2011 P-II*
3. Hypoparathyroidism — *Jan 2012 P-II*
4. Primary hyperparathyroidism — *Jan 2013 P-II*
5. A 50-year-old patient presented with bone pains with pathological fracture of radius, renal stones and a recent history of pancreatitis. Relatives also mentioned recent onset of behavioural changes. What is the most likely diagnosis and how will you confirm the diagnosis? Mention the different localization techniques — *Feb 2024 P-II*
6. A 56-year-old lady presented with fatigue, muscle weakness, features of depression and multiple episodes of renal stones. Recent bone scan showed significant osteoporosis of the distal end of radius. What is the most likely diagnosis? What are the characteristic biochemical findings? List 2 localization studies employed in this disease — *Jul 2024 P-II*
7. Describe the clinical presentation, pathology and management of a patient with primary hyperparathyroidism — *Feb 2025 P-II*

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6.3 Adrenal and multiple endocrine neoplasia *(7 papers)*

1. Phaeochromocytoma ***— Jan 2016 P-II · Jan 2019 P-II · Oct 2021 P-II [3×]***
2. MEN 2 — *Jul 2013 P-II*
3. Multiple endocrine neoplasia syndrome — *Jan 2015 P-II*
4. Multiple endocrine neoplasia type 2 — *Jan 2020 P-II*
5. Multiple endocrine neoplasia (MEN) type 1 — *Oct 2022 P-II*

6.4 Diagrams – draw and label *(2 papers)*

1. **Draw and label:** Blood supply (arterial supply and venous drainage) of the thyroid gland — *Jan 2018 P-II*
2. **Draw and label:** Arterial and venous supply of thyroid gland — *Apr 2021 P-II*

6.5 MCQs from recent papers (2024–2025) *(8 MCQs)*

1. Conn syndrome is caused by an aldosterone-secreting tumour resulting in an increased aldosterone level. Which of the following does not accurately characterize Conn syndrome? — *Feb 2024 P-I*
   (a) Decreased renin secretion **(b)** Hyperkalaemia **(c)** Hypertension **(d)** Metabolic alkalosis
2. The level of which of the following is increased in medullary carcinoma thyroid? — *Feb 2024 P-II*
   (a) Alpha-fetoprotein **(b)** Calcitonin **(c)** Serotonin **(d)** Thyroxine
3. Which of the following statements is true regarding thyroid anatomy? — *Jul 2024 P-II*
   (a) The superior thyroid artery is a branch of the internal carotid artery **(b)** The external branch of the superior laryngeal nerve is in close relation to the superior thyroid artery **(c)** The recurrent laryngeal nerve supplies the cricothyroid muscle **(d)** The inferior thyroid artery is a branch of the external carotid artery
4. Multiple endocrine neoplasia (MEN) type 2A comprises — *Jul 2024 P-II*
   (a) Parathyroid tumour, pancreatic tumour, pituitary tumour **(b)** Phaeochromocytoma, parathyroid tumour, pancreatic tumour **(c)** Primary hyperparathyroidism, papillary carcinoma thyroid, phaeochromocytoma **(d)** Primary hyperparathyroidism, medullary thyroid carcinoma, phaeochromocytoma
5. The level of which of the following is increased in medullary thyroid carcinoma? — *Jul 2024 P-II*
   (a) Alpha-fetoprotein **(b)** Calcitonin **(c)** Serotonin **(d)** Thyroxine
6. The commonest symptom of phaeochromocytoma is — *Feb 2025 P-I*
   (a) Palpitation **(b)** Headache **(c)** Sweating **(d)** Dyspnoea
7. A well-differentiated follicular carcinoma of the thyroid can be best differentiated from a follicular adenoma by — *Feb 2025 P-II*
   (a) Hürthle cell change **(b)** Lining of tall columnar and cuboidal cells **(c)** Vascular invasion **(d)** Nuclear features
8. Lateral aberrant thyroid refers to — *Feb 2025 P-II*
   (a) Congenital thyroid abnormality **(b)** Metastatic foci from primary in thyroid **(c)** Struma ovarii **(d)** Lingual thyroid

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7. Breast (41 questions)

★ Most-asked topics in this chapter

- Carcinoma breast — ***asked in 22 papers***
- Benign breast disease and gynaecomastia — ***asked in 10 papers***

7.1 Benign breast disease and gynaecomastia *(10 papers)*

1. Gynaecomastia — ***Jan 2013 P-II · Jun 2015 P-II · Jan 2019 P-II [3×]***
2. Extramammary Paget's disease — ***Jul 2013 P-II · Jan 2020 P-II [2×]***
3. Phyllodes tumour — ***Jun 2015 P-II · Jan 2020 P-II [2×]***
4. Periductal mastitis — *Jan 2011 P-II*
5. Two important clinical findings of phyllodes tumour of breast — *Jun 2011 P-II*
6. The management of bleeding from the nipple in a 40-year-old lady — *Jan 2012 P-II*
7. Paget's disease of breast — *Jan 2019 P-II*
8. Duct ectasia — *Apr 2021 P-II*
9. Management of breast abscess — *Oct 2021 P-II*

7.2 Carcinoma breast *(22 papers)*

1. **Case / Essay [6 marks]** A 52-year-old post-menopausal lady presents with a 1.5 cm painless hard lump over upper outer quadrant of right breast of 2 months duration. Palpation revealed a single 1 cm size hard mobile lymph node over the ipsilateral axilla. Clinical examination of the systems were within normal limits. **a)** What is the most possible diagnosis and the clinical stage of the disease? **b)** Enumerate the investigations to confirm the diagnosis **c)** Briefly outline the treatment options — *Jun 2011 P-II*
2. **Case / Essay [10 marks]** A 65-year-old lady comes to the surgical OPD for a 3 × 2 cm hard non-tender lump in the upper outer quadrant of left breast, without fixity to skin or deeper structures. Multiple enlarged, non-tender, hard, mobile lymph nodes are palpable in the left axilla. **a)** How will you investigate this case? **b)** Mammographic findings in cancer breast **c)** Surgical treatment of this case **d)** Post-operative complications following mastectomy **e)** Adjuvant systemic therapy of this case — *Jul 2013 P-II*
3. **Case / Essay [6 marks]** A 50-year-old lady presented with a painless, 3 × 2 cm lump in her right breast of two months duration. After examination and investigations, she was diagnosed as carcinoma breast. **a)** What is triple assessment? **b)** Outline the TNM classification of carcinoma breast **c)** What are the treatment options for a case of early breast carcinoma? — *Jan 2015 P-II*
4. **Case / Essay [9 marks]** Carcinoma breast: **a)** Describe lymphatic drainage of breast **b)** How does carcinoma breast spread? **c)** Describe (i) retraction of nipple (ii) dimpling (iii) peau d'orange appearance **d)** Describe treatment of early breast cancer **e)** Structures preserved in modified radical mastectomy — *Jan 2016 P-II*
5. **Case / Essay [10 marks]** A 55-year-old female patient presents with a painless lump in the left breast of two months duration. On examination a 6 × 5 cm hard lump is felt in the upper outer quadrant of the breast, and two mobile hard lymph nodes of 2 × 2 cm size are palpated in the left axilla. **a)** What is your clinical diagnosis? **b)** How will you evaluate the patient? **c)** How will you manage the case? **d)** Write down the adjuvant chemotherapy **e)** Outline hormone therapy — *May 2017 P-II*
6. **Case / Essay [10 marks]** A 60-year-old female patient presents with a painless lump in the left breast of two months duration. On examination a 6 × 5 cm hard lump is felt in the upper outer quadrant of the breast, and two mobile hard lymph nodes of 2 × 2 cm size are palpated in the left axilla. **a)** How will you evaluate the patient? **b)** How will you manage the case? **c)** Write down the adjuvant chemotherapy **d)** Outline hormone therapy — *Jun 2019 P-II*

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7. **Case / Essay [9 marks]** A 55-year-old post-menopausal lady presented with complaints of painless swelling in her left breast of 4 cm × 3 cm size, firm to hard, mobile, non-tender on palpation; another two mobile hard swellings were noted in her left axilla of 2 cm × 2.5 cm size. **a)** How will you evaluate this case and mention the diagnosis? **b)** How will you manage the given clinical situation? Mention the complications of surgical treatment — *Apr 2022 P-II*
8. **Case / Essay [5 marks]** A 55-year-old female came to the general surgery outpatient department with complaints of a lump in the left breast. On examination, there is a lump of size 3 × 2 cm in the upper outer quadrant of the left breast with peau d'orange appearance of the skin. There is a single mobile lymph node of size 2 × 2 cm in the left axilla. **a)** Describe T staging in carcinoma breast. What is the TNM staging in this patient? **b)** What is peau d'orange appearance due to? **c)** Describe how you would take an informed consent before managing this patient — *Feb 2024 P-II*
9. Mammography ***— Jul 2014 P-II · Oct 2022 P-II [2×]***
10. Triple assessment ***— Jan 2018 P-II · Jul 2020 P-II [2×]***
11. Management of locally advanced carcinoma of breast — *Jan 2011 P-II*
12. Two clinical findings differentiating lump of carcinoma breast from fibroadenoma — *Jun 2011 P-II*
13. Components of breast conservation surgery for early breast cancer — *Jun 2011 P-II*
14. Sentinel node biopsy — *Jan 2012 P-II*
15. T4 carcinoma of the breast — *Jan 2012 P-II*
16. Staging of breast cancer — *Jan 2013 P-II*
17. Conservative breast cancer surgery — *Jan 2013 P-II*
18. Locally advanced breast carcinoma — *Jan 2014 P-II*
19. Staging of carcinoma breast — *Jul 2014 P-II*
20. Sentinel lymph node biopsy — *Jun 2015 P-II*
21. Modified radical mastectomy — *Jun 2015 P-II*
22. Sentinel node — *Jan 2016 P-II*
23. Components of breast conservation surgery — *Jul 2020 P-II*
24. Breast conserving surgery — *Apr 2021 P-II*
25. Locally advanced breast cancer — *Apr 2021 P-II*
26. Sentinel lymph node — *Feb 2023 P-II*
27. Peau d'orange — *Feb 2023 P-II*
28. A 55-year-old female presented with a suspicious breast lump. Describe the radiological imaging modalities that can be used to evaluate breast lesions — *Feb 2024 P-II*
29. Describe T staging in TNM staging for carcinoma breast — *Feb 2024 (S) P-II*
30. A 55-year-old female presented with a suspicious breast lump and was diagnosed with carcinoma right breast. What is triple assessment? How would you counsel this patient regarding treatment options? — *Jul 2024 P-II*
31. Describe the lymphatic drainage of the breast — *Feb 2025 P-II*

7.3 Diagrams – draw and label *(2 papers)*

1. **Draw and label:** Lymphatic drainage of breast ***— Apr 2021 P-II · Oct 2021 P-II [2×]***

7.4 MCQs from recent papers (2024–2025) *(4 MCQs)*

1. A 50-year-old lady presents with carcinoma of left breast of 4 cm size with peau d'orange appearance. On palpation there are multiple enlarged mobile left axillary lymph nodes. What would be the most appropriate management? — *Feb 2024 P-II*
   (a) Breast-conserving procedure **(b)** Modified radical mastectomy **(c)** Neoadjuvant therapy followed by surgery **(d)** Simple mastectomy

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2. A 60-year-old lady presented with a 6 × 4 cm lump in the upper outer quadrant of the right breast. It is fixed to the breast tissue and overlying skin shows peau d'orange appearance. What is the T stage?
— Jul 2024 P-II
(a) T2 **(b)** T3 **(c)** T4a **(d)** T4b

3. A 25-year-old female complains of discharge of blood from a single duct in her breast. The most appropriate treatment is *— Feb 2025 P-II*
(a) Radical excision **(b)** Microdochectomy **(c)** Radical mastectomy **(d)** Biopsy to rule out carcinoma

4. A 43-year-old lady presents with a 5 cm lump in the right breast with a 3 cm lymph node in the supraclavicular fossa. Which TNM stage does she belong to as per the latest AJCC classification?
— Feb 2025 P-II
(a) T1N2M0 **(b)** T2N3aM0 **(c)** T2N3bM0 **(d)** T2N3cM0

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8. Oesophagus (16 questions)

8.1 Oesophagus – dysphagia, achalasia, reflux and hiatus hernia *(16 papers)*

1. **Case / Essay [5 marks]** A 58-year-old male patient was brought to surgical outpatient department with the complaints of dysphagia of 9 months duration. To start with he had difficulty in swallowing solid food only, but it has progressed to liquids as well. He also has significant weight loss. **a)** What is the most likely cause for his dysphagia? **b)** How will you confirm your diagnosis? **c)** Left untreated, what are the major complications? **d)** Outline management options of the above patient — *Jun 2015 P-I*
2. Achalasia cardia ***— Jan 2015 P-I · Jan 2016 P-I · Jan 2019 P-I · Feb 2024 (S) P-I [4×]***
3. Treatment options of achalasia cardia ***— Jan 2020 P-I · Oct 2022 P-I [2×]***
4. Indications for barium swallow — *Jan 2011 P-I*
5. Management of achalasia cardia — *Jan 2011 P-I*
6. The management of reflux oesophagitis — *Jan 2012 P-I*
7. Investigations in oesophageal disease — *Jan 2014 P-I*
8. Hiatus hernia — *Jan 2014 P-I*
9. Mention four important causes of dysphagia — *Jul 2014 P-I*
10. Mallory–Weiss syndrome — *Jan 2018 P-I*
11. Plummer–Vinson syndrome — *Jan 2019 P-I*
12. Schatzki's ring — *Jan 2019 P-I*
13. Hiatus hernia and its treatment — *Apr 2022 P-I*
14. A 40-year-old female patient presented with complaints of dysphagia and symptoms of regurgitation. Barium studies revealed bird beak appearance. Gastric gas bubble is absent. What is the most likely diagnosis? What is the etiopathology of this condition? Mention the treatment options for the above — *Feb 2024 P-I*
15. Write a short note on Boerhaave's syndrome — *Jul 2024 P-I*
16. A 30-year-old female presented with chest pain, progressive dysphagia which was more for liquids than solid food, and regurgitation. She gives history of frequent chest infections, halitosis and weight loss. What is the most likely diagnosis? What findings on investigations will confirm the diagnosis? What are the different treatment options for this condition? — *Feb 2025 P-I*

8.2 MCQs from recent papers (2024–2025) *(3 MCQs)*

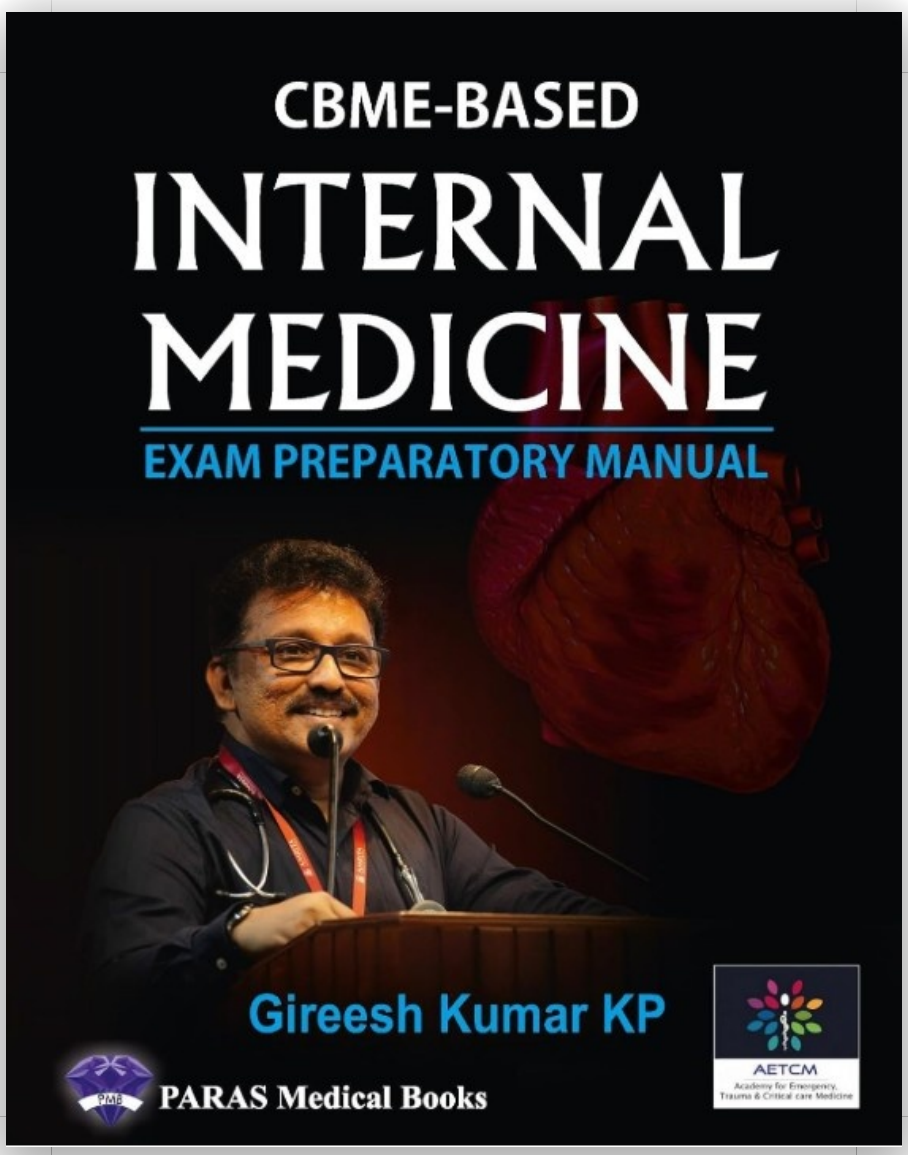
1. Name the condition that can result from weakness of the lower oesophageal sphincter or inappropriate relaxation of the sphincter — *Feb 2024 P-I*
   (a) Achalasia **(b)** Boerhaave syndrome **(c)** Gastro-oesophageal reflux **(d)** Zenker's diverticulum
2. Which layer is lacking in the oesophagus? — *Jul 2024 P-I*
   (a) Mucosa **(b)** Submucosa **(c)** Muscularis propria **(d)** Serosa
3. Which is the most common benign tumour of the oesophagus? — *Feb 2025 P-I*
   (a) Leiomyoma **(b)** Papilloma **(c)** Adenoma **(d)** Haemangioma

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9. Stomach and Duodenum (47 questions)

★ Most-asked topics in this chapter

- Peptic ulcer, H. pylori, gastric outlet obstruction and UGI bleeding — ***asked in 23 papers***
- Gastric tumours — ***asked in 12 papers***

9.1 Peptic ulcer, H. pylori, gastric outlet obstruction and UGI bleeding *(23 papers)*

1. **Case / Essay [5 marks]** A 40-year-old male is brought to the casualty with history of severe bout of vomiting of blood. He has history of alcoholism. On examination patient is in shock, BP <90 mmHg systolic, tachycardia present and he has abdominal distension. **a)** What are the possible conditions to be considered? **b)** How do you assess and resuscitate the patient? **c)** Describe the management of the most common condition — *Jan 2013 P-I*
2. **Case / Essay [6 marks]** A 60-year-old male who was on non-steroidal anti-inflammatory drugs for backache is brought to the emergency department with sudden onset of severe abdominal pain of one day duration. On examination his blood pressure is 90/60 mmHg, abdomen is rigid, with guarding in all quadrants. **a)** What is the most likely diagnosis? **b)** What investigations would you ask for? **c)** Briefly discuss the management of this patient — *Jan 2018 P-I*
3. **Case / Essay [4 marks]** A 50-year-old man is brought to casualty with haematemesis. **a)** What are the common causes of haematemesis? **b)** How do you investigate this patient? **c)** How do you surgically manage bleeding duodenal ulcer? — *Apr 2021 P-I*
4. **Case / Essay [5 marks]** A 35-year-old male manual labourer presented with severe persistent epigastric pain which later became generalized with aggravation on movement. He gives a past history of chronic upper abdominal pain usually felt in the mornings and relieved with food intake. He is habituated to both alcohol and smoking. Patient appeared toxic and dehydrated. There was tenderness, rebound tenderness, guarding and board-like rigidity with obliteration of liver dullness. **a)** What is the most likely clinical diagnosis? **b)** What would be the characteristic finding on a plain X-ray abdomen taken with the patient in upright position? **c)** What other conditions can show similar findings on a plain X-ray? **d)** Outline the treatment for this case — *Feb 2025 P-I*
5. Helicobacter pylori — ***Jan 2014 P-I · Jan 2016 P-I · Jan 2019 P-I · Jul 2020 P-I · Feb 2024 (S) P-I [5×]***
6. Complications of peptic ulcer — ***Jan 2015 P-I · Jun 2015 P-I · Jul 2020 P-I · Apr 2022 P-I · Oct 2022 P-I [5×]***
7. H. pylori — ***Jan 2013 P-I · Oct 2021 P-I [2×]***
8. Electrolyte abnormalities in gastric outlet obstruction — ***Jan 2015 P-I · Feb 2023 P-I [2×]***
9. Nerve of Latarjet — ***May 2017 P-I · Jun 2019 P-I [2×]***
10. Dumping syndrome — ***Jan 2019 P-I · Jan 2020 P-I [2×]***
11. List 5 causes of upper gastrointestinal bleeding — ***Jul 2020 P-I · Feb 2024 (S) P-I [2×]***
12. Clinical features and investigations of gastric outlet obstruction — *Jan 2011 P-I*
13. Causes of gastrointestinal bleeding — *Jan 2011 P-I*
14. Zollinger–Ellison syndrome — *Jan 2012 P-I*
15. Acute complications of peptic ulcer — *Jan 2013 P-I*
16. Percutaneous endoscopic gastrostomy — *Jul 2013 P-I*
17. Type A gastritis — *Jul 2013 P-I*
18. Trichobezoar — *Jul 2014 P-I*
19. Perforated duodenal ulcer — *Jul 2014 P-I*
20. Electrolyte imbalance in gastric outlet obstruction — *Jul 2014 P-I*
21. Complications of duodenal ulcer — *Jan 2016 P-I*
22. Small stomach syndrome — *Jan 2019 P-I*
23. Dieulafoy's disease — *Jan 2019 P-I*

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24. Surgical options in morbid obesity — *Jan 2020 P-I*
25. Volvulus of the stomach — *Jan 2020 P-I*
26. Complications of stomach (as printed) — *Jan 2020 P-I*
27. Visible gastric peristalsis — *Apr 2021 P-I*
28. Describe the classic clinical features of a perforated duodenal ulcer. What is the finding on an erect plain chest radiograph in this condition? — *Feb 2024 P-I*

9.2 Gastric tumours *(12 papers)*

1. **Case / Essay [4 marks]** A 60-year-old male presented with anorexia, weight loss, post-prandial fullness and vomiting of 3 months duration. Physical examination showed visible peristalsis in the upper abdomen from left to right; a firm irregular mass moving with respiration was felt in the epigastrium. **a)** What is the probable clinical diagnosis? Name the investigations to establish a diagnosis **b)** What are the metabolic effects of gastric outlet obstruction? **c)** Describe surgical options and details of preparation of patient prior to surgery — *Jan 2016 P-I*
2. **Case / Essay [8 marks]** A 70-year-old male patient with recent onset of dyspepsia, aversion for food, loss of weight and effortless non-bilious vomiting presents to the outpatient department. On examination, the patient is emaciated, dehydrated, and a hard mass with nodular surface, moving with respiration, is palpable in the epigastrium. **a)** What is the provisional diagnosis? **b)** How will you investigate this case? **c)** Enumerate the principles of treatment **d)** How will you follow up this case after primary treatment? — *Feb 2023 P-I*
3. Definition of early gastric cancer — ***Jun 2011 P-I · Jun 2015 P-I [2×]***
4. Two important differences between carcinoma of proximal and distal stomach — *Jun 2011 P-I*
5. Gastrointestinal stromal tumour — *Jan 2012 P-I*
6. Borrmann classification of advanced gastric cancer — *Jul 2013 P-I*
7. Gastrointestinal stromal tumour (GIST) — *Jun 2015 P-I*
8. TNM staging of carcinoma stomach — *Jan 2019 P-I*
9. Sister Joseph's nodule — *Apr 2021 P-II*
10. Early gastric carcinoma — *Oct 2021 P-I*
11. Define early gastric cancer — *Oct 2022 P-I*
12. Krukenberg's tumour — *Feb 2023 P-II*
13. A 70-year-old gentleman presented with complaints of early satiety, distension, vomiting and profound weight loss. He was diagnosed with advanced gastric cancer. Describe the different modes of spread of gastric cancer. What is Borrmann's classification of advanced gastric cancer? — *Jul 2024 P-I*

9.3 Diagrams – draw and label *(8 papers)*

1. **Draw and label:** Blood supply of stomach — ***Jul 2013 P-I · Jan 2018 P-I · Oct 2022 P-I [3×]***
2. **Draw and label:** Arterial supply of stomach — *Jun 2011 P-I*
3. **Draw and label:** Lymphatic drainage of the stomach — *Jan 2013 P-I*
4. **Draw and label:** Arterial blood supply of stomach — *Jan 2019 P-I*
5. **Draw and label:** Surgical anatomy of stomach — *Oct 2021 P-I*
6. **Draw and label:** The arterial supply of the stomach — *Feb 2025 P-I*

9.4 MCQs from recent papers (2024–2025) *(4 MCQs)*

1. Which of the following is a feature of early dumping syndrome? — *Feb 2024 P-I*
   (a) Aggravated by food **(b)** Causes tremors, faintness and prostration **(c)** Increased by exercise **(d)** It occurs two hours after a meal

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2. Right gastric artery is a branch of — *Jul 2024 P-I*
   (a) Coeliac axis **(b)** Common hepatic artery **(c)** Splenic artery **(d)** Gastroduodenal artery
3. Which of the following is not true of early gastric carcinoma? — *Jul 2024 P-I*
   (a) It is limited to mucosa and submucosa **(b)** It can be associated with lymph node involvement **(c)** Borrmann has classified early gastric cancer into four types **(d)** It has a five-year survival rate of around 90%
4. What is Troisier's sign? — *Feb 2025 P-I*
   (a) Right supraclavicular lymph node enlargement **(b)** Left supraclavicular lymph node enlargement **(c)** Carpopedal spasm **(d)** Migrating thrombophlebitis

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10. Liver, Biliary Tract and Spleen (55 questions)

★ Most-asked topics in this chapter

- Gall bladder and bile ducts — ***asked in 19 papers***
- Liver – abscess, hydatid cyst and tumours — ***asked in 12 papers***
- Spleen — ***asked in 11 papers***
- Portal hypertension and varices — ***asked in 7 papers***
- Obstructive jaundice — ***asked in 5 papers***

10.1 Liver – abscess, hydatid cyst and tumours *(12 papers)*

1. Treatment options for hydatid cyst of liver — ***Jun 2011 P-I · Feb 2024 (S) P-I [2×]***
2. Treatment of amoebic liver abscess — ***May 2017 P-I · Jun 2019 P-I [2×]***
3. Hydatid thrill — ***May 2017 P-I · Jun 2019 P-I [2×]***
4. Cysts of the liver — *Jan 2011 P-I*
5. Haemangioma of liver — *Jul 2013 P-I*
6. Hepatic hydatid cyst — *Jul 2014 P-I*
7. Amoebic liver abscess — *Apr 2021 P-I*
8. Hydatid cyst liver — *Oct 2021 P-I*
9. Hydatid disease of the liver — *Feb 2023 P-I*
10. A 37-year-old male patient came with complaints of dull aching right upper quadrant abdominal pain and intermittent low-grade fever. Sonography revealed a multiloculated cyst in the liver. What is the most likely diagnosis and the causative organism? Briefly outline the life cycle of this organism with the help of a diagram. Mention the treatment options for this condition — *Feb 2024 P-I*
11. A 45-year-old male presented with dull pain in the right upper abdomen. Blood investigations showed eosinophilia. Ultrasound abdomen showed a thin-walled cystic lesion in the liver with multiple septae. What is the most probable diagnosis? What is the causative organism? What are the treatment options for this disease? — *Feb 2025 P-II*

10.2 Portal hypertension and varices *(7 papers)*

1. Sites of portosystemic anastomosis — ***Jul 2014 P-I · Jan 2015 P-I [2×]***
2. Sengstaken–Blakemore tube — ***May 2017 P-I · Jun 2019 P-I [2×]***
3. Management of bleeding oesophageal varices — ***Jul 2020 P-I · Oct 2022 P-I [2×]***
4. Endoscopic treatment of bleeding oesophageal varices — *Jan 2011 P-I*

10.3 Gall bladder and bile ducts *(19 papers)*

1. Charcot's triad — ***Jan 2011 P-I · Jan 2015 P-I · Jan 2016 P-I · Oct 2021 P-I [4×]***
2. ERCP — ***Jan 2014 P-I · Jul 2014 P-I · Jan 2018 P-II [3×]***
3. Courvoisier's law — ***Jun 2019 P-I · Oct 2021 P-I · Feb 2023 P-I [3×]***
4. Empyema gall bladder — ***Jan 2012 P-I · Jan 2019 P-I [2×]***
5. Choledochal cyst — ***Jan 2013 P-I · Oct 2021 P-I [2×]***
6. Complications of gall stones — ***Jan 2013 P-I · Jan 2018 P-I [2×]***
7. Porcelain gall bladder — ***Jul 2013 P-I · Jun 2019 P-I [2×]***
8. Gall stones — ***Jun 2015 P-I · Jul 2020 P-I [2×]***
9. Ultrasonographic findings in gall stones — ***May 2017 P-I · Jun 2019 P-I [2×]***
10. Calot's triangle — ***Jan 2020 P-I · Feb 2023 P-I [2×]***

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11. Complications of ERCP — *Jan 2011 P-I*
12. Klatskin tumour — *Jul 2013 P-I*
13. Murphy's triad — *Jul 2013 P-I*
14. USG findings of gall stones — *Jul 2013 P-I*
15. Caroli's disease — *Jan 2014 P-I*
16. Murphy's sign — *Jul 2014 P-I*
17. Gallstones and its complications — *Apr 2022 P-I*

10.4 Obstructive jaundice *(5 papers)*

1. **Case / Essay [4 marks]** A 65-year-old gentleman was brought to the surgical OPD with complaints of dull upper abdominal pain and discomfort, vomiting and progressive jaundice of 1 month duration and itching over the body. **a)** What are the most probable causes for this condition? **b)** How do you investigate this patient? **c)** How do you surgically manage this patient? — *Apr 2022 P-I*
2. **Case / Essay [8 marks]** A 60-year-old male patient presented with complaints of passing high coloured urine and clay coloured stools and yellowish discolouration of sclera and skin. **a)** Enumerate differential diagnosis **b)** How will you evaluate this patient? **c)** State Courvoisier's law **d)** Discuss the pre-operative preparation before elective surgery in this case — *Oct 2022 P-I*
3. Pre-operative preparation of a patient with surgical jaundice — *Jun 2011 P-I*
4. The investigations and management of a 55-year-old female patient with obstructive jaundice — *Jan 2012 P-I*
5. Preoperative preparation of patient of obstructive jaundice for surgery — *Jun 2015 P-I*

10.5 Spleen *(11 papers)*

1. Post-operative complications of splenectomy — ***May 2017 P-I · Jun 2019 P-I [2×]***
2. Complications of splenectomy — ***Apr 2021 P-I · Oct 2021 P-I [2×]***
3. Hypersplenism — *Jan 2011 P-I*
4. Options for splenic preservation in injuries to spleen — *Jun 2011 P-I*
5. Overwhelming post-splenectomy sepsis (OPSI) — *Jan 2012 P-I*
6. Conservation of spleen in trauma — *Jul 2014 P-I*
7. Splenunculi — *Jan 2019 P-I*
8. Opportunistic post-splenectomy infections — *Jul 2020 P-I*
9. Indications of splenectomy — *Feb 2023 P-I*

10.6 Diagrams – draw and label *(12 papers)*

1. **Draw and label:** Extrahepatic biliary system — ***Jul 2014 P-I · Jan 2015 P-I · Feb 2024 (S) P-I [3×]***
2. **Draw and label:** A hydatid cyst — ***Jan 2020 P-I · Jul 2020 P-II [2×]***
3. **Draw and label:** Segmental anatomy of liver — *Jan 2014 P-I*
4. **Draw and label:** A typical hydatid cyst — *Jan 2015 P-II*
5. **Draw and label:** Hepatic hydatid cyst — *Jun 2015 P-I*
6. **Draw and label:** Segmental anatomy" of liver — *Jan 2016 P-I*
7. **Draw and label:** Diagram showing the segmental anatomy of liver — *Jun 2019 P-I*
8. **Draw and label:** Anatomy of the extrahepatic biliary tree — *Jul 2020 P-I*
9. **Draw and label:** Extrahepatic biliary system and mention three causes for obstructive jaundice — *Jul 2024 P-I*

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10.7 MCQs from recent papers (2024–2025) *(8 MCQs)*

1. A 50-year-old gentleman underwent cholecystectomy. His histopathology revealed carcinoma with invasion into the muscularis propria. What is the next best step for management? *— Feb 2024 P-I*
   (a) Chemotherapy **(b)** Excision of the stump **(c)** Extended cholecystectomy **(d)** Radiotherapy
2. French anatomist Couinaud has divided the liver into *— Jul 2024 P-I*
   (a) 4 segments **(b)** 6 segments **(c)** 7 segments **(d)** 8 segments
3. What are the boundaries of Calot's triangle? *— Jul 2024 P-I*
   (a) Cystic duct, common hepatic duct, cystic artery **(b)** Gall bladder, undersurface of liver, right hepatic duct **(c)** Cystic duct, common bile duct, undersurface of liver **(d)** Gall bladder, common hepatic duct, undersurface of liver
4. A patient presents with features of obstructive jaundice. On examination of the abdomen, an enlarged gall bladder is palpable. What is the most likely cause of the obstructive jaundice? *— Jul 2024 P-I*
   (a) Periampullary carcinoma **(b)** Klatskin tumour **(c)** Bile stones **(d)** Gall bladder carcinoma
5. Water lily sign on CT scan is seen in *— Jul 2024 P-II*
   (a) Pulmonary hydatid disease **(b)** Filariasis **(c)** Asiatic cholangiohepatitis **(d)** Amoebic liver abscess
6. A 50-year-old woman with recurrent episodes of right upper abdominal pain for one year presented to casualty with jaundice and fever for four days. She appeared toxic with BP 90/60 mmHg and was started on intravenous antibiotics. Ultrasound showed stones in the common bile duct. What would be the best treatment option for her? *— Feb 2025 P-I*
   (a) ERCP and bile duct stone extraction **(b)** Laparoscopic cholecystectomy **(c)** Open surgery and bile duct stone extraction **(d)** Lithotripsy
7. In Couinaud classification of the liver, segment IV of the liver is *— Feb 2025 P-I*
   (a) Caudate lobe **(b)** Quadrate lobe **(c)** Right lobe **(d)** Left lobe
8. A 55-year-old male presents with features of obstructive jaundice and weight loss of 7 kg in two months. On CT, the common bile duct is dilated till the lower end and the main pancreatic duct is also dilated. The pancreas is normal. The most likely diagnosis is *— Feb 2025 P-I*
   (a) Choledocholithiasis **(b)** Carcinoma gall bladder **(c)** Hilar cholangiocarcinoma **(d)** Periampullary carcinoma

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11. Pancreas (24 questions)

★ Most-asked topics in this chapter

- Acute pancreatitis — ***asked in 17 papers***
- Pancreatic pseudocyst and chronic pancreatitis — ***asked in 7 papers***
- Pancreatic tumours, insulinoma and gastrinoma — ***asked in 5 papers***

11.1 Acute pancreatitis *(17 papers)*

1. **Case / Essay [7 marks]** A patient was brought into the casualty with a diagnosis of acute pancreatitis. **a)** Enumerate the causes of acute pancreatitis **b)** Mention the typical symptoms and signs that such patients present with **c)** Briefly outline investigations to confirm diagnosis and management of a case of acute pancreatitis **d)** List the complications of acute pancreatitis — *Jan 2020 P-I*
2. **Case / Essay [4 marks]** A 45-year-old man presented to casualty with severe pain in the epigastrium with radiation to back. He gives the history of consumption of alcohol on previous night. **a)** What is the most probable diagnosis? **b)** Mention the relevant investigations to confirm the diagnosis **c)** How will you manage the case? — *Oct 2021 P-I*
3. **Case / Essay [6 marks]** A 40-year-old male patient was brought to casualty. History, physical examination and investigations confirmed the diagnosis of acute pancreatitis. **a)** Enumerate the causes of acute pancreatitis **b)** Describe the classical symptoms and signs in a patient with acute pancreatitis **c)** List the complications of acute pancreatitis — *Feb 2024 (S) P-I*
4. **Case / Essay [5 marks]** A 40-year-old male presented to the casualty with history of sudden onset severe agonizing upper abdominal pain following an episode of binge drinking. The pain radiates to the back and is relieved on sitting and leaning forward. There was associated fever and vomiting. On examination, patient was sick with tachycardia and abdomen showed tenderness and guarding. **a)** What is the most likely clinical diagnosis? **b)** Mention 5 aetiologies for this condition **c)** List out the local and systemic complications associated with this condition — *Feb 2025 P-I*
5. Enumerate the complications of acute pancreatitis — ***May 2017 P-I · Jun 2019 P-I · Apr 2021 P-I [3×]***
6. Ranson's criteria — ***Jan 2019 P-I · Feb 2023 P-I [2×]***
7. Mention 4 causes of acute pancreatitis — ***Jul 2020 P-I · Oct 2022 P-I [2×]***
8. Two most common causes of acute pancreatitis — *Jun 2011 P-I*
9. The complications and management of acute pancreatitis — *Jan 2012 P-I*
10. Pancreatic necrosis — *Jul 2013 P-I*
11. Investigations in acute pancreatitis — *Jan 2018 P-I*
12. Ranson's prognostic criteria — *Apr 2022 P-I*
13. A 55-year-old male patient was brought to casualty with the diagnosis of acute pancreatitis. Enumerate the causes of acute pancreatitis. List the complications of acute pancreatitis — *Jul 2024 P-I*

11.2 Pancreatic pseudocyst and chronic pancreatitis *(7 papers)*

1. Pseudopancreatic cyst — ***Jul 2014 P-I · Apr 2022 P-I [2×]***
2. Pancreatic pseudocyst — ***Jan 2015 P-I · Jul 2020 P-I [2×]***
3. Pancreatic calculi — *Jan 2012 P-I*
4. Pseudocyst of pancreas — *Jan 2016 P-I*
5. A 28-year-old alcoholic male came with complaints of progressive distension of the abdomen. He gives history of acute pancreatitis 6 weeks back. Computed tomography revealed a pseudocyst of the pancreas occupying the right upper quadrant and epigastric region. What are the possible complications of this condition? Discuss the different treatment options for pancreatic pseudocyst — *Feb 2024 P-I*

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11.3 Pancreatic tumours, insulinoma and gastrinoma *(5 papers)*

1. Whipple's triad ***— Jul 2013 P-I · May 2017 P-I · Jun 2019 P-I [3×]***
2. Gastrinoma triangle ***— May 2017 P-I · Jun 2019 P-I [2×]***
3. Clinical features of insulinoma — *Jun 2011 P-I*
4. Annular pancreas — *Jul 2013 P-I*
5. Passaro triangle — *Jan 2019 P-I*

11.4 Diagrams – draw and label *(1 paper)*

1. **Draw and label:** Posterior relations of pancreas — *Jan 2011 P-I*

11.5 MCQs from recent papers (2024–2025) *(2 MCQs)*

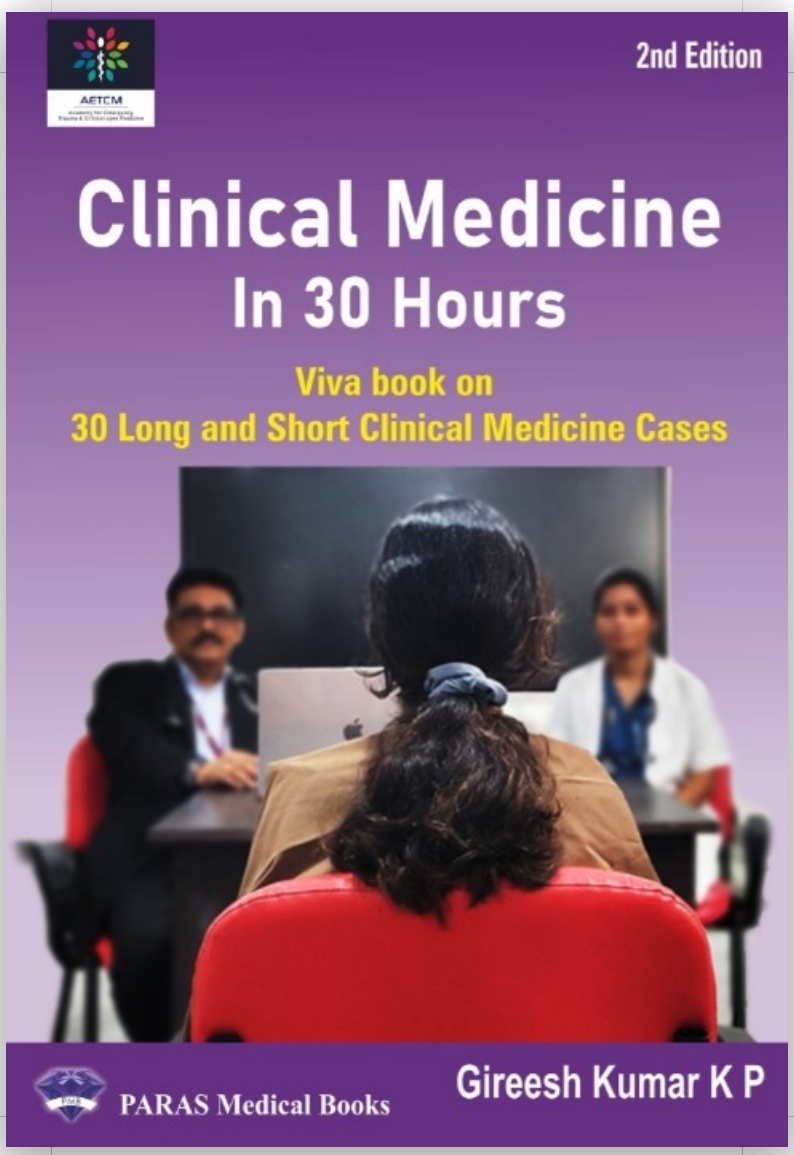
1. Which of the following cystic lesions in the pancreas is likely to be malignant? — *Feb 2024 P-I*
   (a) Parasitic cyst **(b)** Pseudocyst **(c)** Mucinous cyst **(d)** Serous cyst
2. All the following are criteria considered in Ranson score except — *Jul 2024 P-I*
   (a) LDH > 350 units/L **(b)** AST > 250 units/L **(c)** Amylase > 750 units/L **(d)** Blood glucose > 200 mg/dL

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12. Small Intestine, Appendix and Colon (65 questions)

★ Most-asked topics in this chapter

- Appendix — ***asked in 19 papers***
- Intestinal obstruction, volvulus and intussusception — ***asked in 18 papers***
- Colon – IBD, polyps, carcinoma and stomas — ***asked in 16 papers***
- Small bowel and mesentery – Meckel's, mesenteric cyst, abdominal TB — ***asked in 14 papers***

12.1 Small bowel and mesentery – Meckel's, mesenteric cyst, abdominal TB *(14 papers)*

1. Mesenteric cyst — ***Jan 2015 P-I · Jan 2018 P-I · Jan 2020 P-I · Oct 2021 P-I · Oct 2022 P-I · Feb 2023 P-I · Feb 2024 (S) P-I [7×]***
2. Meckel's diverticulum — ***Jan 2018 P-I · Jan 2020 P-I · Jul 2020 P-I · Apr 2021 P-I · Oct 2022 P-I · Feb 2023 P-I · Feb 2024 (S) P-I [7×]***
3. Abdominal cocoon — ***May 2017 P-I · Jun 2019 P-I [2×]***
4. Surgical complications of enteric fever — *Jan 2012 P-I*
5. Classification of abdominal tuberculosis — *Jan 2014 P-I*
6. Tillaux's sign — *May 2017 P-I*
7. Enterocutaneous fistula — *Jan 2018 P-I*
8. Meckel's scan — *Jun 2019 P-I*
9. String sign of Kantor — *Jun 2019 P-I*
10. Complications of Meckel's diverticulum — *Oct 2021 P-I*
11. Enumerate the types of mesenteric cyst. What is Tillaux's sign? — *Jul 2024 P-I*
12. Discuss the different clinical presentations of a patient with Meckel's diverticulum — *Jul 2024 P-I*

12.2 Intestinal obstruction, volvulus and intussusception *(18 papers)*

1. **Case / Essay [4 marks]** A 35-year-old gentleman presents with recurrent attacks of colicky abdominal pain of one day duration. He has vomiting along with progressive distension of abdomen. He has undergone an emergency laparotomy for blunt abdominal trauma 2 years back. On examination he is dehydrated with a pulse rate of 92/minute. He has generalized abdominal distension with exaggerated bowel sounds. **a)** What could be the possible diagnosis? **b)** Name the simple investigation to confirm diagnosis. State the anticipated findings **c)** Briefly outline the principles of management — *Jun 2011 P-I*
2. Sigmoid volvulus — ***Jan 2014 P-I · Jan 2018 P-I · Oct 2021 P-I · Feb 2023 P-I [4×]***
3. Closed loop obstruction — ***Jul 2013 P-I · Jan 2018 P-I [2×]***
4. Examples of closed loop obstruction — ***May 2017 P-I · Jun 2019 P-I [2×]***
5. Clinical features of intestinal obstruction — ***Jan 2018 P-I · Jul 2020 P-I [2×]***
6. Intussusception — ***Oct 2021 P-I · Apr 2022 P-I [2×]***
7. Example of retrograde intussusception — *Jan 2011 P-I*
8. Causes of intestinal obstruction — *Jan 2011 P-I*
9. Two clinical findings in bowel strangulation — *Jun 2011 P-I*
10. Acute intussusception — *Jan 2013 P-I*
11. Non-operative reduction of intussusception — *Jul 2013 P-I*
12. Symptoms and signs of intestinal obstruction — *Jan 2015 P-I*
13. Predisposing conditions for sigmoid volvulus — *Jun 2015 P-I*
14. Clinical features of intussusception — *Jun 2015 P-I*
15. Rigler's triad — *Jan 2019 P-I*

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16. Classify intestinal obstruction. Mention 2 causes for each — *Feb 2024 (S) P-I*
17. A 40-year-old patient presented with colicky abdominal pain, bilious vomiting, abdominal distension and constipation. Mention 3 causes for this condition. What imaging modality will you order and what findings will support your clinical diagnosis? — *Jul 2024 P-II*
18. An 8-month-old infant presented with colicky pain, abdominal distension, vomiting and passage of red currant jelly stools. What is the most likely diagnosis? What are the findings on clinical examination of the abdomen? How will you manage this case? — *Feb 2025 P-I*

12.3 Appendix *(19 papers)*

1. **Case / Essay [4 marks]** A 20-year-old woman presents to the surgical casualty with right lower quadrant abdominal pain of three days duration. She had vomiting in the beginning and now has fever, frequency of micturition and mucus diarrhoea. On examination, she is pyrexial and has a tender mass in the right iliac fossa. **a)** What are the possibilities? **b)** Mention the investigations to be done **c)** Briefly write the treatment of the most common condition — *Jan 2011 P-I*
2. **Case / Essay [10 marks]** A 25-year-old married woman is brought to the emergency department for pain in the right lower quadrant, fever and vomiting of 12 hours duration. Examination reveals tenderness in the right iliac fossa. **a)** What is your provisional diagnosis? Discuss the differential diagnosis **b)** What is the pathology of acute appendicitis? **c)** How will you manage the case? **d)** Discuss the management of appendicular mass **e)** What are the post-operative complications following appendicectomy? — *Jul 2013 P-I*
3. **Case / Essay [6 marks]** A 24-year-old male came with pain in the right iliac fossa, vomiting and fever since five days. On examination he was found to have a mass in the right iliac fossa and was diagnosed as appendicular mass. **a)** What is Alvarado scoring system? **b)** What are the different positions of the appendix? **c)** How is an appendicular mass formed? **d)** Elaborate on the treatment of appendicular mass — *Jan 2015 P-I*
4. **Case / Essay [6 marks]** A 16-year-old boy is brought to the casualty with pain in right lower abdomen. It started around the umbilicus and later shifted to the right iliac fossa. He also had fever and a few episodes of vomiting. On examination, he had tenderness over the McBurney's point. **a)** What is the most likely diagnosis? **b)** What is McBurney's point? **c)** What investigations would you order to support your diagnosis? **d)** What is the treatment you would offer this patient? — *Jul 2020 P-I*
5. **Case / Essay [5 marks]** A 25-year-old male patient is admitted with a vague tender mass in the right iliac fossa. He had history of pain abdomen right lower quadrant, anorexia, nausea, vomiting and mild fever of 5 days duration. **a)** What is the most likely diagnosis? **b)** What is the vague mass described in this case comprised of? **c)** Discuss the management of this case — *Feb 2024 P-I*
6. **Case / Essay [5 marks]** A 20-year-old male patient is admitted with abdominal pain which started around the umbilicus and later shifted to the right iliac fossa since one day. It was associated with fever, vomiting and loss of appetite. On examination, there was tenderness in the right iliac fossa; rebound tenderness was also elicited. Investigations showed WBC count of 14,000 and peripheral smear showed shift to left. **a)** What is the most likely diagnosis? **b)** What is Alvarado scoring system? What is the score in this patient? **c)** Discuss the management of this case — *Jul 2024 P-I*
7. Appendicular mass ***— Jan 2016 P-I · Apr 2021 P-I · Feb 2023 P-I [3×]***
8. Retrograde appendicectomy – principles and indications — *Jun 2011 P-I*
9. Alvarado (MANTRELS) score — *Jan 2013 P-I*
10. Common differential diagnosis for acute appendicitis — *Jan 2014 P-I*
11. Management of appendicular lump — *Jul 2014 P-I*
12. Treatment of appendicular abscess — *May 2017 P-I*
13. Blood supply of the appendix — *May 2017 P-I*
14. Carcinoid tumour of appendix — *Jan 2018 P-I*
15. Alvarado score — *Jan 2020 P-I*
16. Alvarado scoring system — *Oct 2022 P-I*

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17. Classical history in a patient presenting with acute appendicitis — *Feb 2024 (S) P-I*
18. Describe the Alvarado scoring system. What are the sonographic criteria for acute appendicitis? — *Feb 2025 P-I*

12.4 Colon – IBD, polyps, carcinoma and stomas *(16 papers)*

1. **Case / Essay [4 marks]** A 60-year-old man presented with abdominal pain, nausea, vomiting, abdominal distension and constipation of two days duration. He gives a history of surgery for perforated duodenal ulcer twenty-five years ago. **a)** Mention the differential diagnosis **b)** What are the investigations you would like to do in this patient? **c)** Outline the preoperative management of this patient **d)** What is the surgical management of carcinoma of the caecum? — *Jan 2012 P-I*
2. **Case / Essay [5 marks]** A 60-year-old male patient came to the surgery OP with abdominal pain, anaemia and altered bowel habits. On examination there is a mass in right iliac fossa. **a)** Probable diagnosis **b)** How will you investigate? **c)** Enumerate differential diagnosis **d)** How will you manage? — *Jan 2019 P-I*
3. Colostomy — ***Jun 2015 P-I · Jan 2016 P-I · Apr 2021 P-I [3×]***
4. Difference between ulcerative colitis and Crohn's disease — ***Jul 2020 P-I · Feb 2024 P-I · Feb 2024 (S) P-I [3×]***
5. Right hemicolectomy — ***Jan 2015 P-I · Jan 2018 P-I [2×]***
6. Features of Dukes stage C in colorectal cancer — *Jun 2011 P-I*
7. The pathological differentiating features between ulcerative colitis and Crohn's disease — *Jan 2012 P-I*
8. Staging of colorectal cancer — *Jan 2013 P-I*
9. Amoeboma — *Jul 2013 P-I*
10. Barium enema findings in ulcerative colitis — *Jan 2014 P-I*
11. Indications for right hemicolectomy — *Jun 2015 P-I*
12. Natural history of familial adenomatous polyposis coli — *Jun 2015 P-I*
13. Adenoma–carcinoma sequence — *Jan 2016 P-I*
14. Familial adenomatous polyposis — *Jan 2018 P-I*
15. Colonic polyps — *Apr 2022 P-I*
16. Hartmann's operation — *Apr 2022 P-I*
17. How do right-sided and left-sided colonic malignancy differ in their presentation? What are the differential diagnoses for a mass in the right iliac fossa? — *Feb 2025 P-I*

12.5 MCQs from recent papers (2024–2025) *(5 MCQs)*

1. A 77-year-old with a history of atrial fibrillation and ischaemic heart disease is brought to the emergency department with a 12-hour history of generalized abdominal pain associated with nausea and vomiting. She has also had five episodes of diarrhoea with semi-altered blood and mucus in the stools. Examination reveals generalized abdominal tenderness with signs of peritonism and absent bowel sounds; the pain seems out of proportion to the physical signs. What is the most likely diagnosis? — *Feb 2024 P-I*
   (a) Acute diverticulitis **(b)** Mesenteric ischaemia **(c)** Perforated peptic ulcer **(d)** Toxic megacolon
2. What is the commonest position of the appendix encountered in patients with appendicitis? — *Feb 2024 P-I*
   (a) Paraileal **(b)** Preileal **(c)** Paracaecal **(d)** Retrocaecal
3. Acute massive dilatation of the colon with obstructive symptoms in the absence of mechanical obstruction is seen in — *Feb 2024 P-I*
   (a) Colorectal cancer **(b)** Ogilvie's syndrome **(c)** Toxic megacolon **(d)** Volvulus
4. Crohn's disease is characterized by — *Feb 2024 P-I*
   (a) Continuous mucosal inflammation of the small bowel **(b)** Discontinuous mucosal inflammation of the small bowel **(c)** Continuous transmural inflammation of the GI tract **(d)** Discontinuous transmural inflammation of the GI tract

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5. Which of the following is true regarding ulcerative colitis? *— Jul 2024 P-I*

(a) Crypt abscesses are common **(b)** Granulomas are common **(c)** Fistula formation is rare **(d)** Rectum is often spared

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13. Rectum and Anal Canal (27 questions)

★ Most-asked topics in this chapter

- Anal canal – haemorrhoids, fissure, fistula and pilonidal sinus ***— asked in 23 papers***
- Rectum – carcinoma, prolapse and bleeding per rectum ***— asked in 5 papers***

13.1 Rectum – carcinoma, prolapse and bleeding per rectum *(5 papers)*

1. **Case / Essay [5 marks]** A 70-year-old male patient was brought to surgical outpatient department with the history of recent alteration in bowel habit in the form of episodes of bleeding per rectum, spurious diarrhoea and sense of incomplete evacuation of stool for the past four months. **a)** What is the most likely diagnosis? **b)** Mention four common causes of bleeding per rectum **c)** How will you confirm your diagnosis in the above patient? **d)** Briefly outline treatment options in this patient — *Jul 2014 P-I*
2. Name two surgeries performed for treatment of complete rectal prolapse — *Jun 2011 P-I*
3. Prolapse rectum — *Jan 2013 P-I*
4. Villous adenoma of rectum — *Jul 2013 P-I*
5. Haematochezia — *Jan 2016 P-I*

13.2 Anal canal – haemorrhoids, fissure, fistula and pilonidal sinus *(23 papers)*

1. Goodsall's rule ***— Jul 2014 P-I · Jan 2015 P-I · Oct 2021 P-I · Oct 2022 P-I · Feb 2024 (S) P-I [5×]***
2. Pilonidal sinus ***— Jan 2014 P-I · Jul 2014 P-II · Jan 2018 P-I [3×]***
3. Treatment options for haemorrhoids ***— Jan 2015 P-I · Jun 2015 P-I · Oct 2022 P-I [3×]***
4. Treatment of fissure in ano ***— Jan 2011 P-I · Jan 2012 P-I [2×]***
5. What are the 4 degrees of haemorrhoids? ***— Jul 2020 P-I · Feb 2023 P-I [2×]***
6. Non-operative treatment of grade 2 haemorrhoids — *Jun 2011 P-I*
7. Surgical procedures for haemorrhoids — *Jan 2013 P-I*
8. Injection sclerotherapy of haemorrhoids — *Jul 2013 P-I*
9. Treatment of anteriorly placed anal fistula in woman — *Jul 2013 P-I*
10. Classification of fistula in ano — *Jan 2014 P-I*
11. Fissure in ano — *Jan 2016 P-I*
12. Lymphatic drainage of anal canal — *May 2017 P-I*
13. Parks' classification of anal fistula — *Jan 2020 P-I*
14. Perianal abscess — *Apr 2021 P-I*
15. Ischiorectal abscess — *Apr 2021 P-I*
16. Describe Parks classification for fistula in ano with the help of a neat labelled diagram — *Feb 2024 P-I*
17. A 44-year-old male patient complains of fresh blood per rectum as drops after passing stools, associated with a mass coming down per rectum on straining which reduces spontaneously. How will you grade haemorrhoids? What are the treatment options for second degree haemorrhoids? — *Jul 2024 P-I*
18. A 60-year-old male patient presented with bright red painless bleeding after stools associated with a mass per anum which reduces spontaneously. Enumerate the grades of haemorrhoids. Describe injection sclerosant therapy for haemorrhoids — *Feb 2025 P-I*

13.3 Diagrams – draw and label *(4 papers)*

1. **Draw and label:** Surgical anatomy of the anal canal — *Jan 2012 P-I*
2. **Draw and label:** Surgical anatomy of anal canal — *Apr 2021 P-I*
3. **Draw and label:** The different types of fistula in ano — *Apr 2022 P-I*

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4. **Draw and label:** Goodsall's rule — *Feb 2023 P-I*

13.4 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. The most common complication following haemorrhoidectomy is — *Feb 2025 P-I*
   (a) Haemorrhage **(b)** Infection **(c)** Faecal impaction **(d)** Urinary retention
2. What is the distal clearance required in surgery for carcinoma of the rectum? — *Feb 2025 P-I*
   (a) 2 cm **(b)** 5 cm **(c)** 8 cm **(d)** 10 cm

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14. Hernia, Abdominal Wall and Peritoneum (31 questions)

★ Most-asked topics in this chapter

- Hernia — ***asked in 24 papers***
- Umbilicus and abdominal wall — ***asked in 4 papers***
- Peritoneum and peritonitis — ***asked in 3 papers***

14.1 Hernia *(24 papers)*

1. **Case / Essay [6 marks]** A 56-year-old person presented with pain in right groin and vomiting of two days duration. He had the history of swelling in the right groin for the past six years, which was increasing in size on straining and subsides on taking rest, with history of difficulty in passing urine. Discuss the diagnosis and probable complications if untreated. Discuss the management and the role of surgery *— Oct 2021 P-II*
2. Richter's hernia — ***Jul 2014 P-II · Jan 2015 P-II · Oct 2022 P-II [3×]***
3. Strangulated hernia — ***Jan 2014 P-II · Apr 2022 P-I [2×]***
4. Hernia of hydrocele — ***May 2017 P-II · Jun 2019 P-II [2×]***
5. Hydrocele of hernial sac — ***May 2017 P-II · Jun 2019 P-II [2×]***
6. Amyand's hernia — ***May 2017 P-II · Jun 2019 P-II [2×]***
7. Boundaries of Hesselbach's triangle — ***Oct 2022 P-I · Feb 2024 (S) P-I [2×]***
8. Operations for femoral hernia — *Jan 2011 P-II*
9. Complications of indirect inguinal hernia — *Jan 2011 P-II*
10. Distinguishing clinical finding between inguinal and femoral hernia — *Jun 2011 P-I*
11. Indications for laparoscopic repair of inguinal hernia — *Jun 2011 P-II*
12. Differential diagnosis for femoral hernia — *Jan 2013 P-II*
13. Saint's triad — *Jul 2013 P-I*
14. Hydrocele of femoral hernial sac — *Jul 2013 P-II*
15. Complications of inguinal hernia surgery — *Jul 2014 P-II*
16. Sliding hernia — *Jun 2015 P-II*
17. Indications for laparoscopic inguinal hernia repair — *Jun 2015 P-II*
18. Differences between direct and indirect hernia — *Jan 2016 P-II*
19. Hesselbach's triangle — *Jan 2018 P-II*
20. Compare direct and indirect inguinal hernias — *Jan 2018 P-II*
21. Lumbar hernia — *Jan 2020 P-I*
22. Femoral hernia — *Apr 2021 P-I*
23. A 20-year-old male presented with swelling in the right groin extending up to the bottom of the scrotum. Swelling increases on straining and gradually reduces in size on lying down. What is the most likely diagnosis? Describe the clinical tests to confirm the diagnosis — *Feb 2024 P-I*
24. A 62-year-old male patient presented with swelling in the right groin since two years. Swelling increases in size on straining and reduces on lying down. The swelling appears medial to the occluding finger on performing the ring occlusion test. Impulse was felt on the middle finger on Zieman's test. What is the most likely diagnosis? Describe the steps in performing ring occlusion test — *Jul 2024 P-I*
25. Write a short note on Spigelian hernia — *Feb 2025 P-I*

14.2 Umbilicus and abdominal wall *(4 papers)*

1. Aetiological factors for infantile umbilical hernia — ***May 2017 P-II · Jun 2019 P-II [2×]***

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2. Umbilical adenoma — *Jul 2013 P-II*
3. Desmoid tumour — *Apr 2021 P-I*

14.3 Peritoneum and peritonitis *(3 papers)*

1. Pelvic abscess — *Jan 2012 P-I*
2. Pneumoperitoneum — *Jan 2016 P-I*
3. Primary peritonitis — *Jan 2020 P-I*

14.4 MCQs from recent papers (2024–2025) *(3 MCQs)*

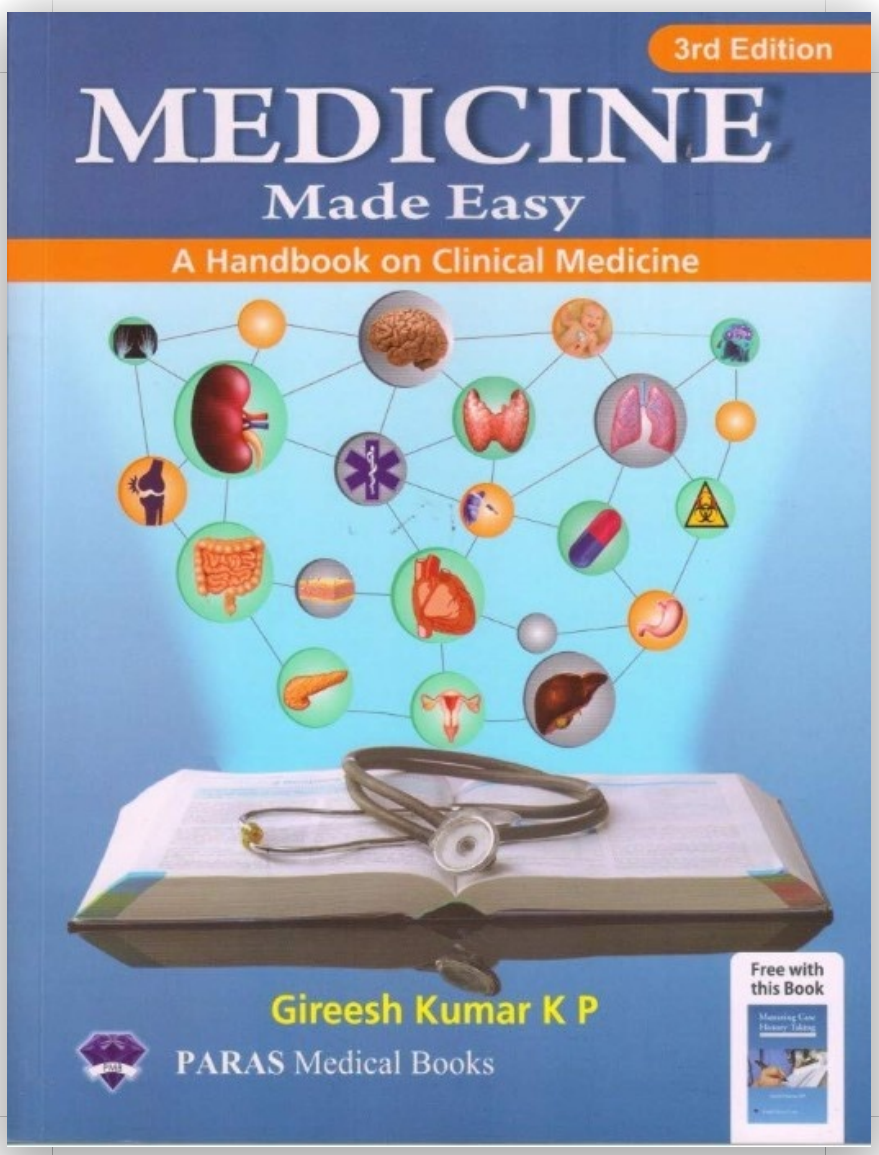
1. Hernia containing Meckel's diverticulum as content is called — *Jul 2024 P-I*
   (a) Amyand's hernia **(b)** Maydl's hernia **(c)** Richter's hernia **(d)** Littre's hernia
2. What is the treatment for desmoid tumour of the abdominal wall? — *Feb 2025 P-I*
   (a) Local excision **(b)** Wide excision **(c)** Chemotherapy **(d)** Radiotherapy
3. A patient with a strangulated hernia is taken up for surgery. Intraoperatively, where should the sac of the strangulated hernia be opened? — *Feb 2025 P-I*
   (a) Neck **(b)** Body **(c)** Fundus **(d)** Deep ring

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15. Urology (48 questions)

★ Most-asked topics in this chapter

- Prostate — ***asked in 16 papers***
- Kidney – congenital, hydronephrosis and renal tumours — ***asked in 13 papers***
- Urinary calculi — ***asked in 12 papers***
- Bladder, urethra, haematuria and retention — ***asked in 8 papers***

15.1 Kidney – congenital, hydronephrosis and renal tumours *(13 papers)*

1. Hydronephrosis — ***Jan 2013 P-II · Apr 2022 P-II [2×]***
2. Treatment of adult polycystic disease of kidney — ***May 2017 P-II · Jun 2019 P-II [2×]***
3. Renal cell carcinoma — *Jan 2011 P-II*
4. The causes of unilateral hydronephrosis — *Jan 2012 P-II*
5. Causes of hydronephrosis — *Jul 2013 P-II*
6. Wilms' tumour — *Jul 2014 P-II*
7. Unilateral hydronephrosis — *Jul 2014 P-II*
8. Anderson–Hynes pyeloplasty — *Jun 2015 P-II*
9. Polycystic kidney — *Jan 2016 P-II*
10. Horseshoe kidney — *Jan 2019 P-II*
11. Grawitz tumour — *Apr 2022 P-II*
12. List any 4 causes of haematuria. Describe the clinical presentation and radiological investigations in a patient with renal cell carcinoma — *Jul 2024 P-I*
13. A 60-year-old male presented with haematuria, dragging pain in the left groin and a palpable renal mass. There was a left-sided varicocele which was irreducible. What is the most likely diagnosis? What are the classical clinical examination features of a renal mass? What is the reason for the varicocele? — *Feb 2025 P-I*

15.2 Urinary calculi *(12 papers)*

1. **Case / Essay [6 marks]** A 40-year-old patient presented with severe colicky pain radiating from right loin to groin associated with haematuria. **a)** What is the diagnosis? **b)** Discuss the investigations in this case **c)** Discuss the treatment modalities available — *Jan 2014 P-II*
2. Golf-hole ureter — ***May 2017 P-II · Jun 2019 P-II [2×]***
3. Treatment options for unilateral ureteric calculus — *Jun 2011 P-II*
4. Types of renal calculi — *Jan 2015 P-II*
5. Management of renal stones — *Jun 2015 P-II*
6. Staghorn calculus — *Jan 2016 P-II*
7. Enumerate 4 causes for urinary stones — *Jul 2020 P-II*
8. Ureteric colic — *Oct 2021 P-II*
9. Renal stone — *Apr 2022 P-II*
10. Mention 3 types of renal calculi. Describe the symptoms in a patient with ureteric colic — *Feb 2024 P-I*
11. A 50-year-old male patient presented with pain over the renal angle and lumbar region associated with haematuria. Plain X-ray KUB showed a radio-opaque shadow in the region of the kidney. Briefly describe the different types of renal calculi. What are the treatment options for renal calculi? — *Feb 2025 P-I*

15.3 Bladder, urethra, haematuria and retention *(8 papers)*

1. Acute retention of urine — ***Jan 2011 P-II · Jan 2013 P-II [2×]***

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2. Haematuria ***— Jan 2013 P-II · Jan 2016 P-II [2×]***
3. Suprapubic cystostomy — *Jan 2014 P-II*
4. Causes of haematuria — *Jul 2014 P-II*
5. Causes of bladder outlet obstruction — *Jul 2014 P-II*
6. Hunner's ulcer — *Jan 2019 P-II*
7. Retention of urine — *Jan 2019 P-II*
8. A 15-year-old boy was seen in casualty by urologist after sustaining injury to the perineum following a fall astride a cycle bar. He was diagnosed with urethral rupture. Describe the classical clinical features with which this patient would have presented. Which part of the urethra is most likely to be injured in this case and how will you manage this patient? — *Feb 2024 P-I*
9. Outline the steps of urinary catheterization in an adult male patient — *Feb 2025 P-I*

15.4 Prostate *(16 papers)*

1. **Case / Essay [6 marks]** A 70-year-old male patient presented to OPD with complaints of progressive reduction in urinary stream and frequency of micturition for past 5 years. He developed retention of urine requiring catheterization twice during past six months. **a)** What is the most likely cause for his symptoms? **b)** Mention common lower urinary tract symptoms (LUTS) **c)** Briefly discuss management of this patient — *Jun 2015 P-II*
2. Prostate specific antigen ***— Jan 2016 P-II · Jan 2019 P-II [2×]***
3. Pharmacological action of alpha-adrenergic blocking agents ***— May 2017 P-II · Jun 2019 P-II [2×]***
4. Medical management of benign prostatic hypertrophy – indications and drugs used — *Jun 2011 P-II*
5. The complications of transurethral resection of prostate (TURP) — *Jan 2012 P-II*
6. Indications for transvesical prostatectomy — *Jul 2013 P-II*
7. Lower urinary tract symptoms — *Jul 2020 P-II*
8. Transurethral resection of prostate (TURP) — *Apr 2021 P-II*
9. Benign prostatic hyperplasia (BPH) — *Apr 2022 P-II*
10. Lower urinary tract symptoms (LUTS) — *Oct 2022 P-II*
11. A 65-year-old male patient presented to OPD with complaints of poor intermittent urinary stream and nocturnal frequency for the past 2 years. What is the most probable diagnosis? Describe the classical lower urinary tract symptoms in this condition. What are the different treatment options? — *Feb 2024 P-I*
12. Medical management of benign prostatic hyperplasia — *Feb 2024 (S) P-II*
13. A 65-year-old gentleman complained of nocturnal frequency, poor intermittent stream, hesitancy and urgency. What is the most probable diagnosis? What are the treatment options? — *Jul 2024 P-I*
14. Enumerate 6 post-operative complications after transurethral resection of prostate — *Feb 2025 P-I*

15.5 Diagrams – draw and label *(2 papers)*

1. **Draw and label:** The sagittal section of the prostate showing the division into the different zones ***— May 2017 P-II · Jun 2019 P-II [2×]***

15.6 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. Benign prostatic hypertrophy involves — *Feb 2024 P-I*
   (a) Central zone **(b)** Peripheral zone **(c)** Prostatic capsule **(d)** Transition zone
2. A 70-year-old patient with BPH underwent TURP under spinal anaesthesia. One hour later he developed vomiting and altered sensorium. The most probable cause is — *Feb 2025 P-I*
   (a) Overdosage of spinal anaesthetic agent **(b)** Rupture of bladder **(c)** Hyperkalaemia **(d)** Water intoxication

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16. Testis, Scrotum and Penis (36 questions)

★ Most-asked topics in this chapter

- Testis and scrotum — ***asked in 22 papers***
- Penis and prepuce — ***asked in 14 papers***

16.1 Testis and scrotum *(22 papers)*

1. **Case / Essay [5 marks]** An 18-year-old boy reported to the casualty with sudden onset of severe pain in the groin and lower abdomen. He is nauseated. The scrotum is swollen and tender. Right testis is at a higher position and elevation of the testis made the pain worse. **a)** What is the most likely diagnosis? **b)** Briefly discuss the pathophysiology of this condition **c)** Describe the management of this case — *Jul 2024 P-I*
2. **Case / Essay [5 marks]** A 54-year-old male patient complains of a painless swelling over the right side of the scrotum of 3 years duration. Swelling gradually increased in size and was transilluminant. **a)** What are your differential diagnoses in this case? **b)** How will you differentiate a scrotal swelling from an inguinoscrotal swelling? **c)** What other clinical findings will you elicit in this case? What are the different treatment options for this patient? — *Feb 2025 P-I*
3. Torsion of the testis — ***Jan 2012 P-II · Jan 2013 P-II · Jul 2013 P-II · Jan 2015 P-II · May 2017 P-II · Jun 2019 P-II · Apr 2021 P-II · Feb 2024 (S) P-II [8×]***
4. Sites of ectopic testes — ***Jan 2015 P-II · Jul 2020 P-II · Feb 2023 P-II [3×]***
5. Positions of ectopic testis — ***May 2017 P-II · Jun 2019 P-II [2×]***
6. Hydrocele — ***Oct 2021 P-II · Apr 2022 P-II [2×]***
7. Ectopic testis — ***Oct 2022 P-II · Feb 2025 P-I [2×]***
8. Surgical treatment for hydrocele of tunica vaginalis sac — *Jan 2011 P-II*
9. Management of seminoma — *Jan 2011 P-II*
10. Clinical features and management of torsion testis — *Jun 2011 P-II*
11. Classification of testicular tumours — *Jan 2012 P-II*
12. Secondary hydrocele — *Jul 2014 P-II*
13. Vasectomy — *Jul 2014 P-II*
14. Epididymal cyst — *Jun 2015 P-II*
15. Staging and treatment of seminoma testis — *Jan 2016 P-II*
16. Clotted hydrocele — *Jan 2019 P-II*
17. Undescended testes — *Jan 2019 P-II*
18. Spermatocele — *Jan 2019 P-II*
19. Surgical treatment of acquired hydrocele — *Jul 2020 P-II*
20. Seminoma testis — *Feb 2023 P-II*
21. How would you clinically differentiate between hydrocele, epididymal cyst and spermatocele? — *Feb 2024 P-I*
22. Briefly describe the symptoms in a patient presenting with acute epididymo-orchitis. How will you differentiate it from torsion testis? — *Feb 2024 P-I*
23. A 40-year-old gentleman presented with a swelling in right side of the scrotum since 3 years, gradually increasing in size and not associated with pain. On examination, there was a 10 × 6 cm swelling in the right side of the scrotum, tense cystic, fluctuant and transilluminant. It was possible to get above the swelling. What is the most likely diagnosis? Discuss the management of this case — *Jul 2024 P-I*

16.2 Penis and prepuce *(14 papers)*

1. Paraphimosis — ***May 2017 P-II · Jun 2019 P-II · Feb 2023 P-II [3×]***

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2. Indications for circumcision — ***Jan 2014 P-II · Feb 2024 (S) P-II [2×]***
3. Hypospadias — ***Jan 2015 P-II · Jan 2020 P-II [2×]***
4. Phimosis — ***Jan 2016 P-II · Oct 2021 P-II [2×]***
5. Phimosis in adults — *Jan 2011 P-II*
6. The treatment of carcinoma penis — *Jan 2012 P-II*
7. Balanoposthitis — *Apr 2021 P-II*
8. Circumcision — *Apr 2021 P-II*
9. Mention 3 indications for circumcision. Outline the steps of circumcision in adults — *Feb 2024 P-I*
10. What is hypospadias? How will you classify hypospadias? — *Jul 2024 P-I*
11. Mention 3 indications of circumcision in adults. Write briefly on paraphimosis — *Jul 2024 P-I*

16.3 Diagrams – draw and label *(2 papers)*

1. **Draw and label:** Various types of hydroceles — *Jan 2014 P-II*
2. **Draw and label:** Hypospadias – types of classification — *Jan 2019 P-II*

16.4 MCQs from recent papers (2024–2025) *(6 MCQs)*

1. Which is the best prognostic marker for carcinoma penis? — *Feb 2024 P-I*
   (a) Absent inguinal lymph node metastasis **(b)** Age < 40 years **(c)** Lesion size < 2 cm **(d)** Previous circumcision
2. The peak incidence of seminoma is in — *Jul 2024 P-I*
   (a) 4th decade **(b)** 6th decade **(c)** Children **(d)** Old age
3. The most common sex cord stromal tumour is — *Jul 2024 P-I*
   (a) Sertoli cell tumour **(b)** Leydig cell tumour **(c)** Granulosa cell tumour **(d)** Gonadoblastoma
4. Congenital hydrocele is best treated by — *Feb 2025 P-I*
   (a) Eversion of sac **(b)** Excision of sac **(c)** Lord's procedure **(d)** Herniotomy
5. A 27-year-old man presents with a left testicular tumour with a 10 cm retroperitoneal lymph nodal mass. The treatment of choice is — *Feb 2025 P-I*
   (a) Radiotherapy **(b)** Immunotherapy with interferon and interleukins **(c)** Left high inguinal orchidectomy plus chemotherapy **(d)** Chemotherapy alone
6. A 5-year-old child presents with ballooning of prepuce after micturition. Examination reveals preputial adhesions. Which of the following is the best treatment? — *Feb 2025 P-I*
   (a) Circumcision **(b)** Dorsal slit **(c)** Preputial adhesion release and dilatation **(d)** Conservative management

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17. Paediatric Surgery (12 questions)

17.1 Paediatric surgery – pyloric stenosis, TEF, Hirschsprung's, exomphalos *(13 papers)*

1. **Case / Essay [8 marks]** A first-born male child is brought 6 weeks after birth with h/o progressively worsening, non-bilious, projectile vomiting. **a)** What is the diagnosis? **b)** How will you evaluate the case? **c)** What is the pathology? **d)** What are the metabolic effects? **e)** How will you manage the case? ***— May 2017 P-I · Jun 2019 P-I [2×]***
2. **Case / Essay [5 marks]** A 6-week-old male infant is brought to casualty with history of projectile vomiting which is non-bilious. Child is hungry in between and feeds well. On examination, there is visible peristalsis running from left to right and a palpable mass in the right upper quadrant. **a)** What is the most probable diagnosis? **b)** What are the electrolyte abnormalities seen on blood work-up in this case? **c)** How will you manage this infant? *— Feb 2024 P-I*
3. Exomphalos ***— Jul 2013 P-II · Apr 2022 P-I [2×]***
4. Congenital hypertrophic pyloric stenosis ***— Jun 2015 P-I · Feb 2024 (S) P-I [2×]***
5. Tracheo-oesophageal fistula ***— Oct 2021 P-II · Apr 2022 P-I [2×]***
6. Ramstedt's operation *— Jan 2011 P-I*
7. Clinical features of congenital hypertrophic pyloric stenosis *— Jan 2012 P-I*
8. Oesophageal atresia *— Jan 2013 P-I*
9. Pubococcygeal (PC) line *— Jul 2014 P-I*
10. Clinical features of Hirschsprung's disease *— Jul 2014 P-I*
11. Infantile hypertrophic pyloric stenosis *— Jul 2020 P-II*

17.2 Diagrams – draw and label *(1 paper)*

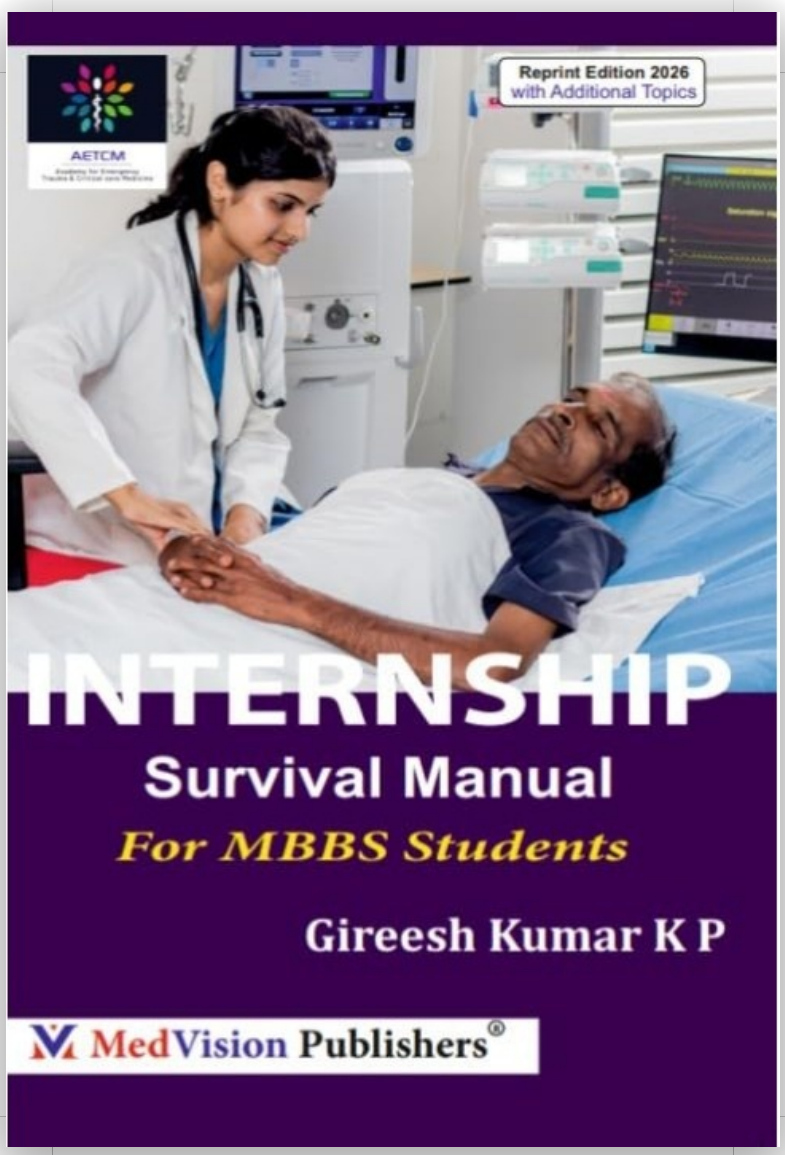
1. **Draw and label:** The various types of oesophageal atresia and tracheo-oesophageal fistula *— May 2017 P-I*

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18. Neurosurgery and Cardiothoracic Surgery (14 questions)

★ Most-asked topics in this chapter

- Thorax and cardiothoracic surgery — ***asked in 10 papers***
- Neurosurgery and peripheral nerves — ***asked in 3 papers***

18.1 Neurosurgery and peripheral nerves *(3 papers)*

1. Ventriculoperitoneal shunt — *Jul 2013 P-II*
2. What are the types of nerve injuries? — *Oct 2021 P-II*
3. Classify types of hydrocephalus — *Oct 2021 P-II*
4. Claw hand — *Oct 2021 P-II*
5. Briefly discuss the normal cerebrospinal fluid circulation. Enumerate the aetiology of hydrocephalus — *Feb 2025 P-I*

18.2 Thorax and cardiothoracic surgery *(10 papers)*

1. Triangle of safety — ***Jan 2011 P-II · Jan 2020 P-II · Oct 2022 P-II [3×]***
2. Indications for CABG — *Jan 2013 P-II*
3. Empyema necessitans — *Jun 2015 P-II*
4. Tube thoracostomy — *Jun 2015 P-II*
5. Intercostal drain — *Jan 2018 P-II*
6. Management of empyema thoracis — *Oct 2021 P-II*
7. A 60-year-old male with triple vessel disease has been advised coronary artery bypass surgery. Describe three conduits that can be used for this — *Feb 2024 P-I*
8. Briefly outline the steps of intercostal tube insertion for a pneumothorax — *Jul 2024 P-I*
9. Elaborate on the steps of a tube thoracostomy. How will you care for a patient with an intercostal tube inserted for a pneumothorax? — *Feb 2025 P-I*

18.3 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. Which of the following is an indication for coronary artery bypass graft (CABG)? — *Feb 2024 P-I*
   (a) >50% occlusion of the left main stem **(b)** >50% occlusion in the left marginal branch **(c)** >50% occlusion in the right marginal branch **(d)** >50% occlusion in left posterior descending
2. Which is the most common benign tumour of the lung? — *Feb 2025 P-I*
   (a) Hamartoma **(b)** Alveolar adenoma **(c)** Teratoma **(d)** Fibroma

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19. Anaesthesia and Radiology (29 questions)

★ Most-asked topics in this chapter

- Radiology, endoscopy and interventional procedures — ***asked in 16 papers***
- Anaesthesia — ***asked in 14 papers***

19.1 Anaesthesia *(14 papers)*

1. Lignocaine — ***May 2017 P-II · Jun 2019 P-II [2×]***
2. Intravenous regional anaesthesia — *Jan 2011 P-II*
3. Field block anaesthesia – principles and uses — *Jun 2011 P-II*
4. Premedication — *Jan 2012 P-II*
5. Topical anaesthesia — *Jul 2013 P-II*
6. Epidural anaesthesia — *Jul 2014 P-II*
7. Surface anaesthesia — *Jan 2019 P-II*
8. American Society of Anesthesiologists (ASA) grade — *Jan 2020 P-II*
9. General anaesthetic triad — *Oct 2022 P-II*
10. Enumerate the different techniques for local anaesthesia. Add a note on epidural anaesthesia — *Feb 2024 P-II*
11. List 3 techniques for maintaining an airway. Mention the components of general anaesthesia triad — *Feb 2024 P-II*
12. List techniques of local anaesthesia — *Feb 2024 (S) P-II*
13. Write a brief note on epidural anaesthesia. What are the advantages of this procedure over spinal anaesthesia? — *Jul 2024 P-II*
14. Mention the advantages of adding adrenaline to lignocaine for local anaesthesia. Mention 2 sites where this combination is contraindicated — *Jul 2024 P-II*
15. Describe the technique of spinal anaesthesia. Mention the advantages and disadvantages of spinal anaesthesia — *Feb 2025 P-II*
16. How is anaesthetic risk classified as per the American Society of Anesthesiologists score (ASA score)? — *Feb 2025 P-II*

19.2 Radiology, endoscopy and interventional procedures *(16 papers)*

1. Upper GI endoscopy — ***Jan 2013 P-I · Apr 2022 P-I [2×]***
2. Angiography — ***Jan 2013 P-II · Jun 2015 P-II [2×]***
3. Endoscopic ultrasound — ***Jan 2014 P-I · Jun 2015 P-I [2×]***
4. Intravenous urogram — ***Jan 2014 P-II · Jan 2018 P-II [2×]***
5. Therapeutic embolisation — ***Jan 2015 P-II · Oct 2022 P-II [2×]***
6. Duplex ultrasound scan — *Jan 2018 P-II*
7. Flexible endoscopy — *Jan 2019 P-I*
8. Contraindications for magnetic resonance imaging — *Jan 2020 P-II*
9. Colonoscopy — *Apr 2021 P-I*
10. Doppler ultrasonography — *Apr 2021 P-II*
11. Duplex scan — *Apr 2022 P-II*

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12. A 55-year-old woman presented with a 3 × 3 cm hard swelling in the upper outer quadrant of the breast, fixed to breast tissue, with multiple palpable mobile ipsilateral axillary lymph nodes. Describe the imaging modality of choice in this case. What findings on imaging would support a diagnosis of malignancy? *— Feb 2025 P-II*

13. A 35-year-old woman complained of a swelling in front of the neck. An ultrasound of the neck showed a solitary nodule in the right lobe of thyroid. What features on the ultrasound scan would prompt the radiologist to give the diagnosis of a TIRADS 5 lesion? *— Feb 2025 P-II*

19.3 MCQs from recent papers (2024–2025) *(10 MCQs)*

1. Which of the following drugs is used during reversal of general anaesthesia? *— Feb 2024 P-II*
   (a) Atracurium **(b)** Halothane **(c)** Neostigmine **(d)** Vecuronium

2. A 70-year-old physically active patient weighing 70 kg with BMI of 20 is being planned for a hernia repair. He is hypertensive on medications and well controlled. What is the American Society of Anesthesiologists (ASA) grade for this patient? *— Feb 2024 P-II*
   (a) ASA 1 **(b)** ASA 2 **(c)** ASA 3 **(d)** ASA 4

3. Which of the following is used as a contrast for magnetic resonance imaging (MRI)? *— Feb 2024 P-II*
   (a) Fluorodeoxyglucose-18 **(b)** Gadolinium **(c)** Iridium **(d)** Radium

4. All the following materials can be used for therapeutic embolization except *— Jul 2024 P-I*
   (a) Muscle tissue **(b)** Gelfoam sponge **(c)** Plastic microspheres **(d)** Metal coils

5. In Bier's block, local anaesthetic agent is *— Jul 2024 P-II*
   (a) Infiltrated into the subcutaneous tissue **(b)** Injected intravenously using double tourniquet **(c)** Infiltrated between the popliteal artery and the capsule of the knee joint **(d)** Applied on the skin prior to venepuncture in children

6. All the following are contraindications for magnetic resonance imaging (MRI) except *— Jul 2024 P-II*
   (a) Cochlear implants **(b)** Pacemakers **(c)** Renal failure **(d)** Cranial aneurysm clips

7. Malignant hyperthermia is seen as a complication of *— Jul 2024 P-II*
   (a) Suxamethonium **(b)** Atracurium **(c)** Bupivacaine **(d)** Prilocaine

8. Which of the following local anaesthetics has the longest duration of action? *— Feb 2025 P-II*
   (a) Lidocaine **(b)** Bupivacaine **(c)** Procaine **(d)** Chloroprocaine

9. Which of the following is the most appropriate initial treatment for intraoperative hypotension in a patient under general anaesthesia? *— Feb 2025 P-II*
   (a) Administer a vasodilator **(b)** Increase the dose of the anaesthetic **(c)** Administer a fluid bolus **(d)** Give a sedative

10. Which of the following MRI sequences is most useful for evaluating brain parenchyma for tumours or lesions? *— Feb 2025 P-II*
    (a) T1-weighted **(b)** T2-weighted **(c)** Diffusion-weighted **(d)** Gradient echo

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20. Orthopaedics I – Fractures and Dislocations (109 questions)

★ Most-asked topics in this chapter

- Upper limb injuries and shoulder/elbow disorders — ***asked in 22 papers***
- Hip, lower limb and knee injuries — ***asked in 19 papers***
- Fracture principles, healing and complications — ***asked in 18 papers***
- Spine injuries and spinal disorders — ***asked in 13 papers***

20.1 Fracture principles, healing and complications *(18 papers)*

1. **Case / Essay [9 marks]** A 27-year-old adult male is brought to the emergency with history of RTA. He has pain and swelling of the left leg with deformity. On examination he has gross abnormal mobility in the middle of the leg. He also has a 1 cm laceration in the middle of the leg with profuse bleeding from it. **a)** Diagnosis **b)** Most important immediate concern **c)** Definitive management of the injury **d)** Long-term complications — *Jan 2014 P-I*
2. Compartment syndrome — ***Jul 2013 P-I · Jan 2018 P-I · Jan 2020 P-II · Apr 2022 P-I · Feb 2024 (S) P-I [5×]***
3. Volkmann's ischaemic contracture — ***Jun 2011 P-I · Apr 2021 P-I [2×]***
4. Distraction osteogenesis — ***Jul 2013 P-I · Jan 2016 P-I [2×]***
5. Clinical features of acute compartment syndrome — ***Jan 2020 P-I · Oct 2022 P-I [2×]***
6. Tension band wiring — *Jan 2011 P-I*
7. Traction in orthopaedics — *Jun 2011 P-I*
8. Reflex sympathetic dystrophy — *Jan 2012 P-I*
9. Malunion — *Jan 2012 P-I*
10. Pathological fracture — *Jan 2012 P-I*
11. Compound fractures — *Jul 2013 P-I*
12. Bone cement — *Jul 2014 P-I*
13. Prosthesis for below-knee amputee — *Jul 2014 P-I*
14. Classification of open fractures and principles of management — *Jul 2014 P-I*
15. Myositis ossificans traumatica — *Jun 2015 P-I*
16. Management of compartment syndrome — *Jan 2016 P-I*
17. Myositis ossificans — *Jun 2019 P-I*
18. Thomas splint — *Jun 2019 P-I*
19. Greenstick fracture — *Jun 2019 P-I*
20. Stages of fracture healing — *Jun 2019 P-I*
21. Stress fracture — *Jan 2020 P-I*
22. Fracture non-union — *Jan 2020 P-I*
23. Pathological fracture. Give 2 examples — *Feb 2023 P-I*
24. Describe Salter–Harris classification for physeal injury — *Jul 2024 P-II*

20.2 Upper limb injuries and shoulder/elbow disorders *(22 papers)*

1. **Case / Essay [9 marks]** A 5-year-old boy with history of fall on outstretched hand has gross swelling and deformity of left elbow. The three bony landmarks of elbow are normal in relation. The left radial pulse is absent and left hand shows pointing index finger. **a)** The likely bone injury is **b)** The probable vessel injury is **c)** The possible nerve injury is **d)** Immediate investigations are **e)** Prompt management in a stepwise manner is — *Jan 2011 P-I*

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2. **Case / Essay [9 marks]** A 7-year-old boy presented to emergency room with history of fall from a swing. He had pain and swelling of the right elbow. On examination there was tenderness at the distal humerus and posterior deformity. The relationship between the three bony landmarks of the elbow was maintained. **a)** What is your provisional diagnosis? **b)** What are the acute complications of this injury? **c)** Definitive management of this injury **d)** Describe a common late complication — *Jul 2013 P-I*
3. **Case / Essay [10 marks]** A 7-year-old boy had fallen on outstretched hand while playing. He had severe pain in the right elbow. On examination he has swelling and tenderness around the elbow and 3-point bony relationship is maintained. **a)** What is the most probable diagnosis? **b)** What is the investigation indicated? **c)** Enumerate the different types of this particular injury **d)** How will you manage this patient in casualty? **e)** What are the complications of this condition? — *Jun 2019 P-I*
4. **Case / Essay [10 marks]** A seven-year-old boy sustained an injury to his right elbow due to fall on the outstretched hand. He presented with 'S'-shaped deformity just above the elbow. **a)** What is the diagnosis? **b)** How do you classify this injury? **c)** What will you do in the casualty? **d)** What will be the definitive treatment? **e)** What will be the complications? — *Apr 2021 P-I*
5. **Case / Essay [10 marks]** An 80-year-old lady had a fall on outstretched hand and sustained injury to the right wrist with pain, swelling and dinner fork deformity. **a)** What is the diagnosis? **b)** What will you do in casualty? **c)** How do you classify this injury? **d)** What will be the definitive treatment? **e)** Enumerate four complications of this injury — *Oct 2021 P-I*
6. Painful arc syndrome — ***Jan 2015 P-I · Jan 2020 P-I · Oct 2022 P-I · Feb 2023 P-I [4×]***
7. Monteggia fracture — ***Jul 2013 P-I · Jan 2016 P-I · Feb 2024 (S) P-I [3×]***
8. Monteggia fracture dislocation — ***Jan 2018 P-I · Apr 2022 P-I · Feb 2023 P-I [3×]***
9. Displacements in Colles fracture — ***Oct 2022 P-I · Feb 2023 P-I · Feb 2024 (S) P-I [3×]***
10. Anterior dislocation of shoulder — ***Jan 2012 P-I · Jan 2014 P-I [2×]***
11. Mallet finger — ***Jan 2012 P-I · Jan 2019 P-I [2×]***
12. Dugas test — ***Jun 2015 P-I · Feb 2023 P-I [2×]***
13. Frozen shoulder — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
14. Gunstock deformity elbow — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
15. Complications of Colles' fracture — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
16. Clinical features and management of acute shoulder dislocation — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
17. Kienböck's disease — ***Jan 2019 P-I · Apr 2021 P-I [2×]***
18. Recurrent dislocation of shoulder – pathology — *Jan 2011 P-I*
19. Colles fracture — *Jan 2014 P-I*
20. Scaphoid fracture — *Jan 2014 P-I*
21. Supracondylar fracture of humerus in children — *Jul 2014 P-I*
22. Cozen's test — *Jan 2015 P-I*
23. Bennett's fracture — *May 2017 P-I*
24. Galeazzi fracture — *Jun 2019 P-I*
25. Dinner fork deformity of wrist — *Jan 2020 P-I*
26. Tennis elbow — *Jan 2020 P-I*
27. Supracondylar fracture of humerus — *Jan 2020 P-I*
28. Smith's fracture — *Apr 2021 P-I*
29. Student's elbow — *Apr 2021 P-I*
30. Hill–Sachs lesion — *Apr 2021 P-I*
31. Monteggia injury — *Oct 2022 P-I*
32. Clinical features of shoulder dislocation — *Oct 2022 P-I*
33. Madelung's deformity — *Feb 2023 P-I*

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34. Discuss three clinical signs of anterior dislocation of shoulder — *Feb 2024 P-II*
35. What is painful arc syndrome? Mention three conditions which lead to painful arc syndrome — *Feb 2024 P-II*
36. Three-point relationship in elbow — *Feb 2024 (S) P-I*
37. Pulled elbow — *Feb 2024 (S) P-I*
38. Define Colles fracture. Name the displacements — *Jul 2024 P-II*
39. What is the three-point relationship of elbow? How does it help in differentiating different injuries? — *Feb 2025 P-II*

20.3 Hip, lower limb and knee injuries *(19 papers)*

1. **Case / Essay [10 marks]** An elderly lady was brought to the hospital with pain in the hip following a fall at home. She was unable to walk after the fall and the limb was in an attitude of external rotation and apparent shortening on examination. **a)** The probable diagnosis **b)** Investigations **c)** Treatment **d)** Complications — *Jan 2012 P-I*
2. **Case / Essay [10 marks]** An 80-year-old lady had a fall from staircase and sustained injury to right hip. On examination right lower limb is 4 cm short and is in helpless external rotation. **a)** Diagnosis **b)** What is the management in casualty? **c)** Radiological classification of injury **d)** How will you treat? **e)** What are the complications? — *Jan 2013 P-I*
3. **Case / Essay [10 marks]** A 30-year-old man sustained injury to the right hip following a road traffic accident. He presented with flexion, adduction and internal rotation deformity of the hip joint. **a)** What is the possible diagnosis? **b)** How will you investigate? **c)** How will you classify this injury? **d)** How will you treat this case? **e)** What are the possible complications? — *Jan 2015 P-I*
4. **Case / Essay [10 marks]** An 80-year-old lady had a fall in the washroom, presented to the casualty with pain in the right hip and inability to walk. Right lower limb was shortened by 3 cm and was in helpless external rotation. **a)** Diagnosis **b)** What will you do in the casualty? **c)** How will you classify this injury? **d)** What will be the definitive line of management? **e)** Complications — *May 2017 P-I*
5. **Case / Essay [10 marks]** A 30-year-old male cyclist is accidentally hit by a car. He sustained a closed injury to his right thigh, associated with pain and deformity, and an inability to stand thereafter. **a)** What is the probable diagnosis? **b)** Describe primary management of this patient **c)** What investigations will you advise? **d)** Describe definitive treatment of patient's injury **e)** What are the early and late complications of this injury? — *Oct 2022 P-I*
6. **Case / Essay [10 marks]** A 16-year-old boy is hit by a motorcyclist whilst crossing the road. He is conscious, oriented, but is unable to stand up thereafter. On examination, there is a laceration on middle of thigh measuring 5 cm across and bone deep. There is swelling and deformity mid-thigh, with active bleeding. **a)** What is the most probable diagnosis? **b)** What is the immediate management of this injury? **c)** What are the definitive treatment options in this case? **d)** What are the complications of this injury? Name at least three — *Feb 2023 P-I*
7. **Case / Essay [5 marks]** A 30-year-old man sustained a road traffic accident and injured his left leg with open fracture of both bones of leg. **a)** How do you classify open fractures? **b)** Outline the emergency management **c)** What is the definitive management of this case? — *Feb 2024 P-II*
8. **Case / Essay [10 marks]** An 80-year-old lady, household ambulant with a stick, had a slip and fall in the bathroom, following which she had pain in right hip region and was unable to walk. On examination, she had tenderness in Scarpa's triangle, limb shortening of 1 cm and slightly exaggerated external rotation of right lower limb. **a)** What is the possible diagnosis? **b)** Describe the classifications for the injury **c)** How will you manage the patient in emergency room? **d)** What are the definitive management options? **e)** What are the complications expected due to the injury? — *Feb 2024 (S) P-I*
9. **Case / Essay [5 marks]** A 70-year-old man had a slip and fall in the bathroom. He subsequently complains of severe pain in left hip and inability to stand up. On examination, there is mild shortening and external rotation of left lower limb. **a)** What is the most likely diagnosis? **b)** Describe a classification for this injury **c)** Briefly discuss the management — *Jul 2024 P-II*

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10. **Case / Essay [5 marks]** A 70-year-old woman was brought to the emergency department after a fall at residence, with severe pain in left hip and inability to bear weight. She had a limb shortening of 2.5 cm with helpless external rotation deformity. **a)** What is the most likely diagnosis? **b)** Briefly describe the management of this patient **c)** Mention the complications related to the injury — *Feb 2025 P-II*
11. Bryant's triangle — ***Jan 2014 P-I · Jan 2019 P-I [2×]***
12. Shenton's line — ***Jan 2015 P-I · Feb 2023 P-I [2×]***
13. Drawer test — ***Oct 2022 P-I · Feb 2023 P-I [2×]***
14. March fracture — ***Oct 2022 P-I · Feb 2023 P-I [2×]***
15. Intracapsular fracture neck of femur – complications — *Jan 2011 P-I*
16. Medial meniscus injury — *Jun 2011 P-I*
17. Classification of intracapsular fracture neck of femur — *Jun 2011 P-I*
18. Anterior cruciate ligament tear knee — *Jan 2012 P-I*
19. Tendo-Achilles rupture – clinical features and treatment — *Jan 2012 P-I*
20. Treatment of intracapsular fracture neck of femur in elderly — *Jan 2016 P-I*
21. Trethowan's sign — *May 2017 P-I*
22. McMurray's test — *May 2017 P-I*
23. Nelaton's line — *Jan 2019 P-I*
24. Jones fracture — *Jan 2019 P-I*
25. Anterior cruciate ligament injuries — *Jun 2019 P-I*
26. Meniscus injury — *Jan 2020 P-I*
27. Management of an open fracture of tibia — *Jan 2020 P-I*
28. Q-angle — *Apr 2021 P-I*
29. Anterior drawer test — *Apr 2021 P-I*
30. Pellegrini–Stieda disease — *Oct 2021 P-I*
31. Thomas test — *Oct 2022 P-I*
32. What is Bryant's triangle? Discuss its clinical significance — *Feb 2024 P-II*
33. Define locking of the knee joint and discuss the etiology and management — *Feb 2024 P-II*

20.4 Spine injuries and spinal disorders *(13 papers)*

1. Spondylolysis — ***Jun 2015 P-I · Jan 2019 P-I · Oct 2021 P-I [3×]***
2. Hangman's fracture — ***Jan 2019 P-I · Apr 2021 P-I · Oct 2021 P-I [3×]***
3. Spondylolisthesis — ***Jan 2015 P-I · Feb 2024 (S) P-I [2×]***
4. L5/S1 disc prolapse – clinical diagnostic points — *Jan 2011 P-I*
5. Brown-Séquard syndrome — *Jun 2011 P-I*
6. Scoliosis — *Jul 2013 P-I*
7. Intervertebral disc prolapse — *Jan 2014 P-I*
8. Straight leg raising test — *Jul 2014 P-I*
9. Central cord syndrome — *Jan 2016 P-I*
10. Intervertebral disc prolapse L4–L5 — *Jan 2019 P-I*
11. Anvil test — *Oct 2021 P-I*
12. Kyphosis — *Oct 2021 P-I*
13. Define spondylolisthesis. Mention the different types — *Feb 2025 P-II*

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20.5 MCQs from recent papers (2024–2025) *(3 MCQs)*

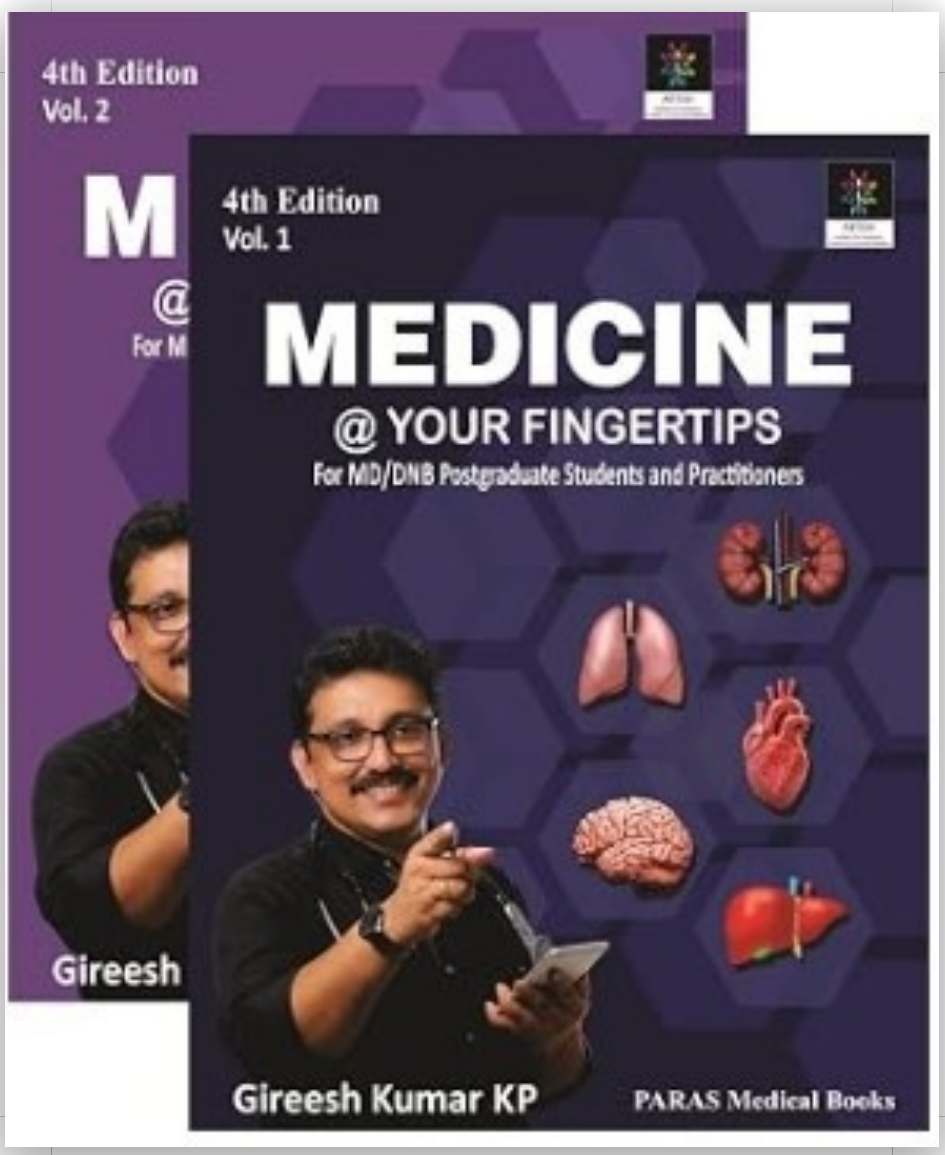
1. Spondylolisthesis is best described as — *Feb 2024 P-II*
   (a) Abnormal forward curvature of spine **(b)** Neural tube defect **(c)** Increased lateral curvature of spine **(d)** Anterior vertebral body subluxation
2. Positive Cozen's test indicates — *Feb 2024 P-II*
   (a) Radial nerve injury **(b)** Tennis elbow **(c)** Ulnar nerve injury **(d)** Golfer's elbow
3. Which of the following is false regarding Monteggia injury? — *Feb 2025 P-II*
   (a) Involves proximal 1/3 radius fracture **(b)** Proximal radioulnar joint disruption **(c)** It is a fracture of necessity **(d)** May be associated with finger drop

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By

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21. Orthopaedics II – Infections, Tumours and Nerve Injuries (73 questions)

★ Most-asked topics in this chapter

- Bone and joint infections, tuberculosis and hand infections ***— asked in 23 papers***
- Bone tumours ***— asked in 23 papers***
- Peripheral nerve injuries, entrapments and hand ***— asked in 22 papers***

21.1 Bone and joint infections, tuberculosis and hand infections *(23 papers)*

1. **Case / Essay [5 marks]** A 10-year-old girl has come with pain and swelling lower end of femur. She had fever and constitutional symptoms since last one week; local redness and warmth present. Movements of the knee joint very much limited and painful. What is the probable diagnosis? What investigations will you do for this case? Discuss the treatment *— Jun 2011 P-I*
2. **Case / Essay [5 marks]** A 5-year-old boy was brought to the hospital with complaints of fever of two days, pain in the right hip and inability to stand. On examination, he was febrile, with hip placed in flexion and tenderness in Scarpa's triangle. Movements of hip were restricted. **a)** What is the most probable diagnosis? **b)** Enumerate the relevant investigations and expected findings to corroborate your diagnosis **c)** Outline the plan of treatment *— Jul 2014 P-I*
3. **Case / Essay [10 marks]** A 5-year-old boy presented with fever, pain and swelling over the distal aspect of the thigh of one week duration. **a)** What is the possible diagnosis? **b)** How will you investigate? **c)** How will you treat? **d)** What are the possible complications? **e)** How will you manage the complications? *— Jun 2015 P-I*
4. **Case / Essay [5 marks]** A 10-year-old girl had sudden onset of pain and swelling in right lower thigh region with limping. She also had episodes of fever since last two days. **a)** What is the most likely diagnosis? **b)** Outline the pathogenesis **c)** Describe the management principles *— Feb 2025 P-II*
5. Compound palmar ganglion ***— Jun 2011 P-I · Jul 2013 P-I · Jan 2015 P-I · Apr 2021 P-I [4×]***
6. Pott's paraplegia ***— Jan 2012 P-I · Jan 2018 P-I · Apr 2022 P-I · Feb 2024 (S) P-I [4×]***
7. Cold abscess ***— Jan 2011 P-I · Jan 2015 P-I · Jan 2019 P-I [3×]***
8. Spina ventosa ***— Jan 2013 P-I · Jun 2015 P-I · May 2017 P-I [3×]***
9. Caries sicca ***— Jan 2015 P-I · Jan 2019 P-I [2×]***
10. Kanavel sign ***— Jun 2015 P-I · Jan 2019 P-I [2×]***
11. Brodie's abscess ***— Jun 2015 P-I · Feb 2024 (S) P-I [2×]***
12. Involucrum ***— May 2017 P-I · Feb 2023 P-I [2×]***
13. Sequestrum ***— Jun 2019 P-I · Oct 2022 P-I [2×]***
14. Tuberculosis of hip – radiological types *— Jan 2011 P-I*
15. Complications of tuberculosis of spine *— Jun 2011 P-I*
16. Septic arthritis *— Jan 2012 P-I*
17. Tubular sequestrum *— Jan 2013 P-I*
18. TB spine *— Jan 2014 P-I*
19. Acute osteomyelitis *— Jan 2014 P-I*
20. Clutton's joint *— Jan 2015 P-I*
21. Outline of management of acute osteomyelitis in children *— Jan 2016 P-I*
22. Pott's spine *— Jun 2019 P-I*
23. Chronic osteomyelitis of long bone *— Jan 2020 P-I*
24. Felon *— Oct 2021 P-I*
25. Gibbus *— Feb 2023 P-I*

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26. Define Pott's spine. Mention the clinical features. Outline the management — *Jul 2024 P-II*

21.2 Bone tumours *(23 papers)*

1. **Case / Essay [5 marks]** A 14-year-old boy presented with pain in the lower thigh of 6 weeks duration. Two weeks after onset of pain he noticed a swelling in lower thigh, increasing in size with increase in pain. There was no remembered history of trauma or history of fever. On examination, there was hard swelling of the lower femur, not extending up to the joint line, with mild local rise of temperature with dilated veins over the swelling. **a)** What would be your provisional diagnosis? **b)** Enumerate investigations with expected results to corroborate your diagnosis **c)** Outline the treatment plan for the patient — *Jan 2016 P-I*
2. **Case / Essay [10 marks]** An 11-year-old boy presented with pain, swelling and local warmth of the proximal part of right tibia of 4 months duration. **a)** What is the possible diagnosis? **b)** What are the radiological features of this lesion? **c)** Classification of this lesion **d)** Differential diagnosis **e)** Outline the treatment modalities — *Jan 2019 P-I*
3. **Case / Essay [10 marks]** A 10-year-old boy was referred to an orthopaedic oncologist by his primary orthopaedic practitioner with history of pain over the middle third of his right tibia with swelling and tenderness. He has a history of fever and weight loss. His X-ray shows a permeative lesion with laminated (onion peel) periosteal reaction. **a)** What is the most probable diagnosis? **b)** What are the investigations indicated? **c)** Describe the radiological features **d)** Outline treatment **e)** What are the complications of this condition? — *Jan 2020 P-I*
4. **Case / Essay [5 marks]** A 15-year-old girl presented to the outpatient department with pain in the proximal tibia of four months duration and progressive swelling of three months duration. Locally the site was tender and warm with dilated veins. **a)** What is the most likely diagnosis? **b)** Outline the diagnostic investigations **c)** Briefly discuss the management — *Feb 2024 P-II*
5. **Case / Essay [5 marks]** A 12-year-old presents with a painless swelling proximal to right knee of 4 months duration. Parents noticed a hard swelling which restricts knee bending fully. No history of previous injury. **a)** What is the probable diagnosis? **b)** How will you confirm the diagnosis? **c)** Outline the management — *Jul 2024 P-II*
6. Osteoid osteoma — ***Jan 2019 P-I · Jun 2019 P-I · Apr 2021 P-I · Oct 2022 P-I [4×]***
7. Diaphyseal aclasis — ***Jun 2011 P-I · Jan 2013 P-I · Jun 2015 P-I [3×]***
8. Osteochondroma — ***Jul 2014 P-I · Jan 2018 P-I · Apr 2022 P-I [3×]***
9. Ewing's sarcoma — ***Jan 2012 P-I · Feb 2024 (S) P-I [2×]***
10. Ollier's disease — ***Jan 2013 P-I · Jan 2015 P-I [2×]***
11. Sun ray appearance — ***Jan 2015 P-I · Oct 2022 P-I [2×]***
12. Codman's triangle — ***Jun 2015 P-I · Feb 2023 P-I [2×]***
13. Aneurysmal bone cyst — ***May 2017 P-I · Jan 2020 P-I [2×]***
14. Multiple myeloma — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
15. Osteosarcoma – radiological features — *Jan 2011 P-I*
16. Osteochondroma – indications for surgery — *Jan 2011 P-I*
17. Giant cell tumour distal end of radius — *Jun 2011 P-I*
18. Giant cell tumour — *Jul 2013 P-I*
19. Osteosarcoma — *Jan 2014 P-I*
20. Sunburst appearance — *Feb 2024 (S) P-I*
21. Radiological features of osteochondroma — *Feb 2024 (S) P-I*
22. Describe the clinical and radiological features of giant cell tumour — *Feb 2025 P-II*

21.3 Peripheral nerve injuries, entrapments and hand *(22 papers)*

1. Carpal tunnel syndrome — ***Jan 2012 P-I · Jan 2015 P-I · Jun 2019 P-I [3×]***

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2. Adson's test — ***Jan 2012 P-I · Jan 2019 P-I · Apr 2021 P-I [3×]***
3. Tinel sign — ***Jun 2015 P-I · Oct 2022 P-I · Feb 2023 P-I [3×]***
4. De Quervain's disease — ***Jun 2011 P-I · Jun 2019 P-I [2×]***
5. Pointing index — ***Jan 2013 P-I · Feb 2023 P-I [2×]***
6. Trigger finger — ***Jan 2014 P-I · Apr 2021 P-I [2×]***
7. Wrist drop — ***Jul 2014 P-I · Jun 2019 P-I [2×]***
8. Pen test — ***Jun 2015 P-I · May 2017 P-I [2×]***
9. Meralgia paraesthetica — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
10. Winging of scapula — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
11. Froment's sign — *Jan 2011 P-I*
12. Carpal tunnel syndrome – systemic causes — *Jan 2011 P-I*
13. Cervical rib — *Jan 2011 P-I*
14. Thoracic outlet syndrome — *Jun 2011 P-I*
15. Dupuytren's contracture — *Jan 2013 P-I*
16. Claw hand — *Jul 2013 P-I*
17. Ape thumb — *Jul 2013 P-I*
18. Anatomy of brachial plexus with diagram — *Jul 2014 P-I*
19. Fascial spaces of hand with clinical significance — *Jan 2016 P-I*
20. Foot drop — *Jan 2020 P-I*
21. Erb's palsy — *Feb 2024 (S) P-I*
22. Deformity in median nerve palsy — *Feb 2024 (S) P-I*
23. De Quervain's tenosynovitis — *Feb 2024 (S) P-I*
24. What is Saturday night palsy? Describe two clinical tests to confirm — *Jul 2024 P-II*
25. Describe the pathoanatomy of claw hand. Enumerate the various causes — *Feb 2025 P-II*

21.4 MCQs from recent papers (2024–2025) *(7 MCQs)*

1. Osteosclerotic bone secondaries are seen in — *Feb 2024 P-II*
   (a) Carcinoma lung **(b)** Carcinoma prostate **(c)** Carcinoma stomach **(d)** Carcinoma thyroid
2. Pick the incorrect statement on poliomyelitis — *Feb 2024 P-II*
   (a) Transmitted by faeco-oral route **(b)** Viral destruction of anterior horn cells and brain stem nuclei **(c)** Hallmark is gross muscle weakness with sensory loss of the affected part **(d)** Up to 90% of those infected experience no or only mild symptoms
3. All are true regarding multiple hereditary exostosis (MHE) except: (options not legible in the source paper) — *Feb 2024 P-II*
4. A dead piece of bone is known as — *Jul 2024 P-II*
   (a) Involucrum **(b)** Sequestrum **(c)** Cloacae **(d)** All of the above
5. Foot drop is seen in — *Jul 2024 P-II*
   (a) Tibial nerve injury **(b)** Achilles tendon injury **(c)** Femoral nerve injury **(d)** Common peroneal nerve injury
6. Which of the following is true regarding Pott's disease? — *Feb 2025 P-II*
   (a) Most common involvement of vertebra is central type **(b)** It is a neural tube defect **(c)** Reduction of disc space occurs in late stages **(d)** The abscess is not associated with any signs of inflammation
7. Onion peel appearance is seen in — *Feb 2025 P-II*
   (a) Multiple myeloma **(b)** Osteosarcoma **(c)** Ewing's sarcoma **(d)** Rickets

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22. Orthopaedics III – Paediatric, Metabolic and Joint Disorders (64 questions)

★ Most-asked topics in this chapter

- Paediatric and congenital orthopaedics — ***asked in 20 papers***
- Metabolic bone disease and arthritis — ***asked in 20 papers***

22.1 Paediatric and congenital orthopaedics *(20 papers)*

1. **Case / Essay [10 marks]** A 7-month-old baby is brought to the orthopaedic OPD with complaints of deformity of both feet from birth. The child was treated with multiple plaster casts since birth. **a)** What is the possible diagnosis? **b)** Describe the deformities seen in the condition **c)** Enumerate the probable causes **d)** Describe clinical features and findings **e)** How will you manage the case? — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
2. Ortolani's test — ***Jan 2015 P-I · May 2017 P-I · Oct 2021 P-I [3×]***
3. Torticollis — ***Jan 2018 P-I · Oct 2021 P-I · Apr 2022 P-I [3×]***
4. Congenital pseudarthrosis of tibia — ***Jan 2019 P-I · Apr 2021 P-I · Oct 2021 P-I [3×]***
5. Barlow's test — ***Jan 2013 P-I · Jun 2015 P-I [2×]***
6. Arthrogryposis multiplex congenita — ***Jan 2013 P-I · May 2017 P-I [2×]***
7. Trendelenburg test — ***Jan 2015 P-I · Jan 2016 P-I [2×]***
8. Osgood–Schlatter disease — ***May 2017 P-I · Oct 2022 P-I [2×]***
9. What constitutes one gait cycle? — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
10. Congenital vertical talus — ***Jan 2020 P-I · Oct 2021 P-I [2×]***
11. Perthes' disease – radiological findings — *Jan 2011 P-I*
12. Developmental dysplasia of hip – clinical tests for diagnosis — *Jan 2011 P-I*
13. Congenital torticollis — *Jan 2012 P-I*
14. Manus varus — *Jan 2013 P-I*
15. Cavus foot — *Jan 2013 P-I*
16. Trendelenburg sign — *Jan 2013 P-I*
17. Blount's disease — *Jan 2013 P-I*
18. Flat foot — *Jul 2013 P-I*
19. Radiological signs of CDH — *Jul 2013 P-I*
20. Club foot — *Jan 2014 P-I*
21. Cerebral palsy — *Jan 2014 P-I*
22. Clinical signs of dysplastic disease of hip in newborn — *Jul 2014 P-I*
23. Hallux valgus — *May 2017 P-I*
24. Equinus deformity — *May 2017 P-I*
25. Antalgic gait — *May 2017 P-I*
26. Vascular sign of Narath — *May 2017 P-I*
27. Genu valgum — *Jun 2019 P-I*
28. Perthes' disease — *Jan 2020 P-I*
29. Haglund's deformity — *Apr 2021 P-I*
30. Hallux valgus deformity — *Apr 2021 P-I*
31. Perkin's line — *Oct 2021 P-I*
32. Köhler's disease — *Oct 2021 P-I*

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33. Genu recurvatum — *Oct 2021 P-I*
34. Tailor's bursa — *Oct 2021 P-I*
35. Slipped capital femoral epiphysis — *Oct 2022 P-I*
36. Define coxa vara. Mention four causes of this condition — *Feb 2024 P-II*
37. Briefly describe the clinical features and management principles of club foot — *Feb 2025 P-II*

22.2 Metabolic bone disease and arthritis *(20 papers)*

1. Charcot's joint — ***Jun 2011 P-I · Oct 2021 P-I [2×]***
2. Osteoporosis — ***Jan 2012 P-I · Jan 2014 P-I [2×]***
3. Swan neck deformity — ***Jan 2013 P-I · Jan 2020 P-I [2×]***
4. Baker's cyst — ***Jan 2013 P-I · Jun 2019 P-I [2×]***
5. Osteomalacia — ***Jul 2013 P-I · Jun 2015 P-I [2×]***
6. Heberden's nodes — ***Jun 2015 P-I · Jan 2019 P-I [2×]***
7. Brown tumour — ***Jun 2015 P-I · May 2017 P-I [2×]***
8. Radiological features of ankylosing spondylitis — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
9. Radiological features of osteoarthritis — ***Jan 2018 P-I · Apr 2022 P-I [2×]***
10. Radiological features of nutritional rickets — *Jun 2011 P-I*
11. Osteochondritis dissecans — *Jun 2011 P-I*
12. Morrant Baker's cyst — *Jun 2011 P-I*
13. Marfan's syndrome — *Jan 2012 P-I*
14. HLA B27 — *Jan 2013 P-I*
15. Gout — *Jul 2013 P-I*
16. Hand in rheumatoid arthritis — *Jan 2014 P-I*
17. Management of osteoporosis — *Jul 2014 P-I*
18. Renal rickets — *Jan 2015 P-I*
19. Paget's disease — *Jan 2015 P-I*
20. Alkaline phosphatase — *Jun 2015 P-I*
21. Total knee arthroplasty — *Jan 2016 P-I*
22. Bone mineral density — *Jan 2016 P-I*
23. Rheumatoid factor — *Jun 2019 P-I*
24. Manifestations of rickets — *Oct 2022 P-I*
25. Radiological features of rickets — *Feb 2023 P-I*
26. Name any four clinical signs in nutritional rickets — *Feb 2024 (S) P-I*
27. What are the clinical features of rickets? How will you investigate to confirm? — *Jul 2024 P-II*

22.3 MCQs from recent papers (2024–2025) *(6 MCQs)*

1. Which of the following is false regarding rickets? — *Feb 2024 P-II*
   (a) Muscle hypotonia **(b)** Enlarged costochondral junction **(c)** Delayed dental eruption **(d)** Osteitis circumscripta in X-ray skull
2. Treatment of club foot should begin — *Jul 2024 P-II*
   (a) As soon as possible after birth **(b)** 1 month after birth **(c)** 1 year after birth **(d)** None of the above

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3. Waddling gait is due to — *Jul 2024 P-II*

   (a) Gluteus medius weakness **(b)** Paravertebral muscle weakness **(c)** Obturator nerve palsy **(d)** Adductor muscle weakness

4. Multiple fractures in a newborn are seen in — *Jul 2024 P-II*

   (a) Scurvy **(b)** Syphilis **(c)** Osteogenesis imperfecta **(d)** Morquio syndrome

5. Pick the incorrect statement on osteoporosis — *Feb 2025 P-II*

   (a) Serum calcium is within normal limits **(b)** Teriparatide helps in new bone formation **(c)** Winking owl sign is typically seen in spine X-rays **(d)** Dorsolumbar spine is a common site of fracture

6. All are true regarding osteoarthritis except — *Feb 2025 P-II*

   (a) Typically has raised inflammatory markers like CRP, ESR **(b)** Subchondral sclerosis seen on X-rays **(c)** First line of treatment is arthroplasty **(d)** Muscle weakness is a risk factor

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Bold entries are topic sections; other entries are key conditions with every page on which they are asked.

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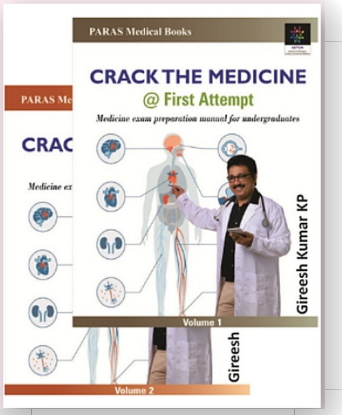
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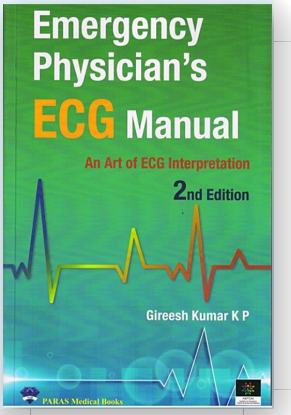
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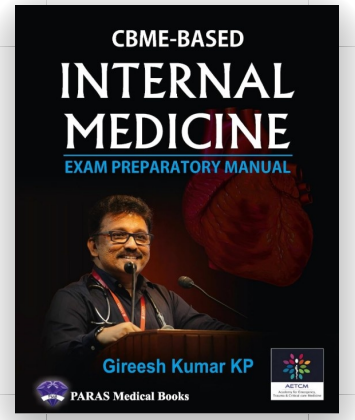
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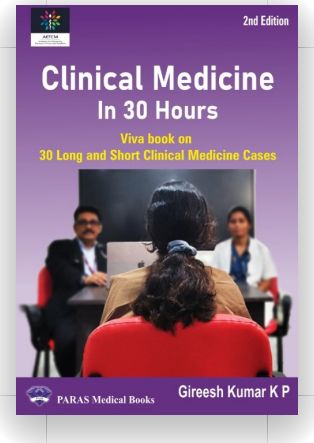
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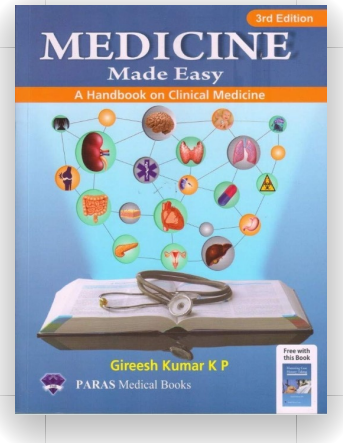
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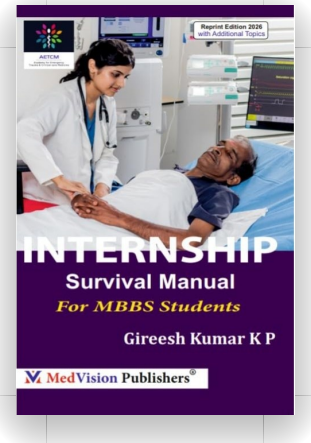
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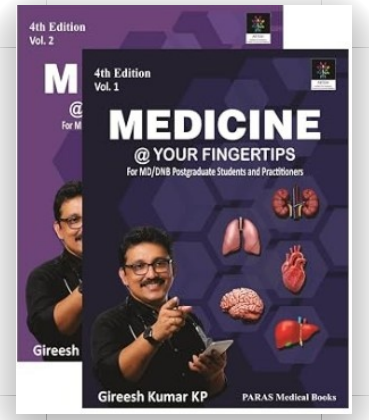
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