CARDIOTHORACIC SURGERY

PAPER - I

Time Vlax. I	: 3 hours Marks : 100	CTS/D/12/04/
	pt all questions in order. question carries 10 marks.	
1.	Discuss Jones criteria for diagnosis of rheumatic fever and current rheumatic fever prophylaxis guidelines.	4+6
2.	Illustrate the surgical anatomy of the aortic root. Briefly describe patient-prosthesis mismatch. Draw labeled diagrams to show methods of aortic root enlargement.	3+2+5
3.	Define renovascular hypertension. Describe its pathophysiology and treatment modalities.	2+(4+4)
4.	Draw a labeled diagram to show fetal circulation. What are the immediate changes that occur soon after birth and why do they occur?	5+5
5.	Discuss the roles of trans-thoracic and transesophageal echo in heart surgeries.	5+5
6.	Discuss empyema thoracis with respect to definition, etiology and management.	1+4+5
7.	Mention the grades of pulmonary arterial hypertension. What are the methods of accessing the severity and reversibility of pulmonary arterial hypertension in children with congenital heart disease?	
8.	Discuss development of diaphragm, its surgical anatomy and management of hernia of Bochdalek.	4+3+3
9.	Discuss in brief stem cell therapy in peripheral and myocardial angiogenesis with reference to (a) Source of stem cells (b) Methods of delivery with advantage and disadvantage of each method.	
10.	Can Tetralogy of Fallot (T.O.F) be called a monology? Justify your answer. Describe with diagram(s) the development of interventricular septum and right-ventricular outflow tract and describe what happens in T.O.F.	

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PAPER - II

Time Max.		: 3 hours : 100	CTS/D/1	2/04/II				
Attempt all questions in order. Each question carries 10 marks								
1.		e the concept and relevance of intracoronary shunts and rs used in OPCAB.		4+3+3				
2.		physiology of Fontan's principle. Briefly describe the on of Fontan's operation and its current indications.	° S	2+(4+4)				
3.	Discuss	e the surgical anatomy of coronary arterial circulation. the rationale, advantages and limitations of retrograde y cardioplegia.		3+(1+3+3)				
4.		e the pathophysiology of ischemic mitral regurgitation. in brief the medical, surgical and percutaneous approaches sease.	es	4+(1+3+2)				
5.		ate the drugs used, their role and results in thromboly nt in prosthetic valve thrombosis.	/tic	2+4+4				
6.		the etiopathogenesis and management of acquirepleural fistula.	red	3+7				
7.	pericard	the etiopathology and investigations for chronic constrict litis. What is post pericardiotomy syndrome? Briefly descragement?		4+4+2				
8.	•	and illustrate the lymph node stations in relation to genic carcinoma.	the	10				
9.		e the risk factors for developing paraplegia dur tion of aorta repair and management to prevent it.	ing	5+5				
10.	and lef	the pathophysiology and importance of pulmonary vet atrial enlargement in the genesis of atrial fibrillation heart disease and role of surgical intervention.		10				

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CARDIOTHORACIC SURGERY

PAPER - III

Γime Vlax. M	: 3 hours larks : 100	CTS/D/12/04/III
	ot all questions in order. uestion carries 10 marks.	
1.	Discuss TAVI with regards to: a) Indications and valves used b) Approach routes and c) Complications.	3+4+3
2.	Define and classify heart failure. Discuss current status of destination therapy in surgical management of chronic heart failure.	
3.	Briefly describe the concept of "Tissue engineered hear valves" and the current status of heart valve banking an heart valve substitutes in India.	
4.	Define "Internet and Communication Technology (I.C.T)" and comment on the impact of I.C.T in remote patient monitoring and health outcomes in cardiac surgical patients.	
5.	Define acute coronary syndrome. Discuss in brief indication of CABG in acute coronary syndrome and pathophysiology of "no-reflow phenomenon".	, ,
6.	What are enabling devices? Briefly describe the role of enabling devices in cardiac surgery?	of 3+7
7.	Define "counter-pulsation". Describe physiological basis of IABP. What are its indications and complications?	2+3+(3+2)
8.	Describe the concept of heart team. How do you think it wi impact the future of CABG in India?	II 2+8
9.	When is myocardial viability tests indicated? Discuss in brief the current modalities available for this test.	ef 2+8
10.	Discuss syntax trial under the following headings: a) Design of the trialb) Outcome of the trialc) Impact on current practice of stenting and CABG	4+4+2